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ABSTRACT

A South African study examined how paraprofessionals were prepared to conduct life skills training. The study, which was designed from an ecosystemic perspective, was conducted in three phases. During phase 1 (1990), the professional members of the research team conducted six assertiveness training and parenting education groups in the community. During phases 2 and 3 (1991-1992), the research team conducted training courses for paraprofessionals in assertiveness and parenting skills and monitored the "spread" of skills into the community by making personal visits to new groups and holding feedback meetings with trainees. By the end of the 1-year follow-up period, the 23 people originally trained had disseminated the knowledge gained during their training to approximately 300 people. The trainees had implemented various activities, including courses, workshops, and meetings. The trainees' success in spreading their newly acquired skills in their own communities was not evaluated. It was recommended that future training of paraprofessionals be targeted toward people with extroverted personalities and that the training program's skills training and course-conducting components be split into two separate courses. Appended are course outlines for four assertiveness training and parenting skills sessions presented during the study. (Contains 80 references.) (MN)

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Report ASS/BBS-45 1993

Life skills training programmes: process and practice

SM Candotti • JB Mason • R Ramphal

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HSRC Co-operative Research Programme:
Affordable Social Provision

Report ASS/BBS-45 1993

Life skills training programmes: process and practice

SM Candotti • JB Mason • R Ramphal

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University Durban-Westville
November 1993

EKSERP

Geestesgesondheidswerkers in ons land word al meer bekommerd oor die tekort aan opgeleide werkers om lewensdruk op gemeenskapsvlak te hanteer. Hierdie navorsingsprojek het die opleiding ondersoek van paraprofessionele persone wat lewensvaardigheidsopleiding aanbied. Die projek het uit drie fases bestaan en was daarop gemik om:

1) te demonstreer dat lewensvaardigheidsopleiding binne groepsverband 'n effektiewe vorm van persoonlike ontwikkeling kan wees
2) die opleiding van paraprofessionele persone te ontgin/ontleed
3) die verspreiding van vaardighede deur sodanige persone-in-opleiding binne die gemeenskap te monitor
4) aanbevelings te doen oor toekomstige opleidingskursusse van hierdie aard.

Die navorsers het vanuit 'n ekosistemiese perspektief gewerk en idees oor deelnemende demokrasie vir professionele persone en gemeenskapslede uit die velde van gemeenskapsielkunde, maatskaplike werk en onderwys geneem. Die twee lewensvaardigheidsvelde waarop gekonsentreer is, naamlik ouerskapsvaardighede en selfhandhawingsvaardigheid, was 'n reaksie op die behoeftes soos uitgespreek deur die teikengemeenskap.

Die navorsing is by die gemeenskapsentrum van die Universiteit van Durban-Westville te Chatsworth, Durban uitgevoer. Die lede van die gemeenskapsgroepe vir die eerstefasegroepe het uit die plaaslike Indiërgemeenskap gekom. Die vroue van die selfhandhawingsgroep is onderrig in konkrete vaardighede soos hoe om menings en behoeftes uit te spreek en kritiek te hanteer. Voor- en na-metings het getoon dat hulle betekenisvol gevorder het in hulle selfbegrip. Die ouerskapsvaardigheidsgroep is onderrig in alternatiewe benaderings tot dissipline en kommunikasie, en het - op grond van metings voor en na die kursus - aansienlike vermindering in ouer-kind-konflik getoon. Albei groepe is ook afgepaar met kontrolegroepe uit dieselfde gemeenskap en het betekenisvolle vooruitgang getoon in vergelyking met hul kontrolegroep ten opsigte van selfvertroue en ouerskapsvaardighede.

Die volgende fase het bestaan uit die bedryf van groepe vir paraprofessionele persone ten einde hulle te help om self opleiers te word op die gebiede van selfhandhawing en ouerskapsvaardigheid. Die "studente" in selfhandhawingsopleiding was almal vroue wat in gemeenskapsgesondheid of maatskaplike dienste gewerk het. Hulle is onderrig in interpersoonlike verhoudingsvaardighede soos onderhandeling, die hantering van konflik en kritiek asook hoe om groepe te bedryf, kursusse te beplan en inligting aan te bied. Hulle het agtergrondsleeswerk ontvang, asook geleentheid om groepleiding te oefen en dan terugvoer hieroor van hul eweknieë te ontvang. Die groeplede wat hierdie kursus deurloop het, het betekenisvolle vordering getoon ten opsigte van selfvertroue hoewel hulle aanvanklik

nie baie vertroue in die rol van opleier getoon het nie. Hulle het nietemin 'n aantal inisiatiewe vir die verspreiding van vaardighede in die gemeenskap in werking gestel.

Meer sukses is behaal met die voorbereiding van kwekeling-ouerskapsopleiers as selfversekerde groepleiers: Die meeste van hierdie kwekelinge het hulleself as redelik suksesvolle ouers beskou en het dus die kursus geneem om te leer hoe om groepe te lei. In hierdie kursus is aandag gegee aan algemene beginsels ("universals") van goeie ouerskap, aan die vinnige maatskaplike verandering wat in Suid-Afrika plaasvind en aan die lei en "bemarking" van ouerleidinggroepe. Daar is weer eens van die kwekelinge verwag om hul eie styl te ontwikkel deur 'n deel van 'n groepsessie te lei en terugvoer hieroor van hul eweknieë te ontvang.

Die gemeenskapsgroepe en opleidingskursusse is aangebied deur 'n multi-dissiplinêre span bestaande uit die gemeenskapsentrum se sielkundige en maatskaplike werker sowel as ander mense met besondere deskundigheid oor spesifieke onderwerpe.

Terugvoeringsbyeenkomste is gehou oor die verspreiding van vaardighede in die gemeenskap. Daar is gevind dat baie verskillende aktiwiteite deur die kwekelinge in die gemeenskap uitgevoer is, byvoorbeeld kursusse, werksessies en vergaderings, en oral is die idees wat geleer is, geïnkorporeer. Drie en twintig persone is in die projek in sy geheel opgelei en na 'n jaar is bevind dat die idees wat tuisgebring is, aan ongeveer 300 persone deurgevoer is deur middel van bestaande ondersteuningsgroepe en in individuele en huweliksberaad. Daar is egter nie geëvalueer hoe suksesvol die verspreiding van vaardighede na die gemeenskap was nie.

Hierdie navorsing het getoon dat die tyd wat die professionele persone daaraan bestee het om lewensvaardigheidsopleiers by die gemeenskapsentrum te onderrig daartoe gelei het dat veel meer mense blootgestel is aan effektiewe lewensvaardighede as wat slegs die professionele persone direk, dit wil sê op hul eie, sou kon bereik.

'n Aantal aanbevelings oor die toekomstige opleiding van paraprofessionele persone word gemaak, o.a. oor die selektering van mense met ekstroverte persoonlikhede; die verdeling van die lewensvaardigheidskomponent en die kursusaanbiedingskomponent in twee aparte kursusse, en raadpleging van die teikengemeenskap oor hul geestesgesondheidsprioriteite, byvoorbeeld ouerleiding ten opsigte van ontwortelde kinders.

Ander aanbevelings handel oor groter verskeidenheid in groepsformate en in die aanbieding van inligting; die voordele van spanleierskap; die behoefte by opleiers om 'n verskeidenheid evalueringsmiddele beskikbaar te hê - van formele meetinstrumente tot informele vraelyste; en die gebruik van kuns, drama en musiek om mense te lok en hul bywoning vol te hou.

ABSTRACT

Mental health workers in this country are increasingly concerned by the shortage of trained workers to deal with life stress at a community level. This research project investigated the training of paraprofessionals in conducting life skills training. It was designed in three phases in order to:

1) demonstrate that life skills training through the medium of groups could be an effective form of personal development
2) explore the training of paraprofessionals
3) monitor the spread of skills by the trainees into the community
4) make recommendations regarding such training courses in the future.

The researchers operated from an ecosystemic perspective, drawing on ideas of participatory democracy between professionals and community members from the fields of community psychology, social work and education. Two particular areas of life skills were concentrated on in response to needs expressed by the target community, namely parenting skills and assertiveness.

The research was conducted at the UDW Community Centre in Chatsworth, Durban. The subjects who formed the community groups for the first phase groups were from the local Indian community. The women of the assertiveness group were taught concrete skills like expressing their opinions and needs, or dealing with criticism. They showed a significant gain in self-awareness when measured before and after the course. The parenting skills group were taught alternative approaches to discipline and communication and showed a significant reduction in the levels of parent-child conflict before and after the course. Both these groups were matched with controls from the same community, and were found to have gained significantly in self-confidence or parenting skills relative to their control group.

The next phase concerned conducting groups for paraprofessionals to become assertiveness trainers or parent educators. The assertiveness trainees were all women working in the field of community health or social services. They were taught skills of interpersonal relationships like negotiation, dealing with conflict and criticism, as well as how to conduct groups, plan courses and present information. They were given background reading, as well as opportunities to practise leading the group, and to receive feedback on their style from their peers. The members of this course showed significant gains in self-confidence, although they were not initially very confident in their role as trainers. Nevertheless, they implemented a number of initiatives for transferring the skills to the community.

Greater success was experienced in terms of preparing the trainee parent educators to be confident group leaders. Most of these trainees regarded themselves as fairly successful parents and had enrolled in the course to learn about conducting groups. The course looked at the "universals" of parenting, rapid social change in

South Africa and at conducting and "marketing" parent education groups. Trainees were again expected to develop their personal style by conducting part of the session and were given feedback by their peers.

The community groups and training courses were conducted by a multi-disciplinary team, consisting of the community centre's psychologist and social worker, as well as other people with special expertise in particular topics.

Regarding the spreading of skills into the community, feedback meetings were held with the trainees. It was found that many different varieties of activities had been implemented by the trainees, such as courses, workshops and meetings, incorporating the ideas learned into existing support groups, and into individual and marital counselling. The 23 people trained in this research programme appeared to have spread the ideas to approximately 300 people after one year's follow-up. One aspect neglected by this study was the evaluation of how successfully the trainees were spreading the skills in their own communities.

This research demonstrated that the time the professionals had spent on training life skills educators at the community centre resulted in many more people being exposed to effective life skills than would have been reached if the professionals had worked on their own.

A number of recommendations are made regarding the future training of paraprofessionals, and these include selecting people of extroverted personality; splitting the skills training and the course conducting components into two separate courses; and consulting with the target community about its mental health priorities, for example, the parenting of displaced children may be the area in which people need immediate support/advice.

Other suggestions refer to the use of a variety of formats for structuring groups and presenting information; the advantages of team leadership; the need for educators to be equipped with a variety of evaluative instruments from formal measuring devices to informal questionnaires; and to attracting people and maintaining attendance through the use of art, drama and music.

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1. INTRODUCTION

There is currently a worldwide search for effective programmes which provide society with social services which are both economical and cost effective.

In her literature study on the topic of affordable social provision, Vermeulen (1986) refers to the severe economic burden faced by governments worldwide in the provision of care for the individual. Due to demographic processes such as patterns of population growth and urbanization, as well as the decline of traditional structures of care provision, like the extended family, the State is increasingly called on to finance welfare services.

In South Africa, political uncertainty and a depressed economy are resulting in the reduction of State services. There appears to be a moratorium on the development of new programmes, and an expectation that, with the advent of an interim government, a new Constitution and new forms of government, a complete reorganization of welfare services may ensue.

What happens in the interval while the formation of new government structures is negotiated?

Vermeulen recommends that the focus should be on the development of existing resources in the community, stressing prevention through community development. Informal support systems, de-institutionalization of services, the establishment of self-help groups, non-formal education involving paraprofessionals and volunteers are all supported in the literature, as contributing to the mental health of the community. Vermeulen stresses the value of research in studying the effectiveness of these avenues towards providing low-cost social services, and recommends that professional mental health workers utilize their skills in **training others**, as a cost-effective way of reaching large numbers of people.

Mental health workers are also increasingly concerned with the development of contextually relevant psychological interventions. There is a growing awareness within the psychology profession of the necessity to be more responsive to the needs of much wider sections of the community, and the need to cross the divide between the selective consulting room and the majority of the population (Candotti 1992; Oosthuizen & Van der Worm 1991).

Freeman (1991) suggests that the role of the psychologist could be expanded to include preventive work, including the training and supervision of less qualified health workers, and the integration of a mental health component into other areas of health care.

It is within this context that the University of Durban Westville's Community Services Association undertook a research programme into the training of paraprofessionals in conducting life skills training. The project aimed to:

- demonstrate that life skills training through the medium of groups could be an effective form of personal development;
- explore the training of paraprofessionals;
- investigate the problem areas that trainees experienced in attempting to apply their new skills;
- make recommendations regarding such training courses in future.

2. THEORETICAL BASE FOR RESEARCH

Section Two consists of a review of the literature pertaining to community mental health. It considers the major approaches from the fields of social work, psychology and education. It proceeds to focus on the literature relevant to the two life skills with which this study is concerned, namely personal assertiveness and parenting skills. These particular areas were chosen in response to the expressed needs of the community where the research was conducted. The women of this patriarchal Indian community sought to increase their personal effectiveness by becoming more assertive. Many of the younger parents expressed a lack of confidence in their parenting skills as their traditional approaches are being challenged by westernization and rapid social change.

2.1 Community mental health

Carkhuff and Berenson (1976:4), in writing about those in the helping professions, say,

> We choose ... to wait downstream to fish the bodies out, rather than to move upstream to where they are being thrown in.

This blunt statement expresses their concern about healers dealing with people's psychological pain, without addressing the psychosocial conditions that gave rise to that pain. The field of community mental health attempts to approach human behaviour problems and emotional distress by identifying, and attempting to counteract, those environmental forces which contribute to this distress (Rapaport 1977). Prevention has greater priority than treatment, and solving situational stresses has greater priority than long-term analysis and resolution of intrapsychic conflict (Suinn 1975).

Prevention is one of the central concepts in community mental health. Caplan (in Rapaport 1977) outlines a threefold concept of prevention: primary, secondary and tertiary.

Tertiary prevention is more like treatment, in that it aims at helping an individual overcome a disorder, adjust once again to community life, and therefore prevent a recurrence of the disorder.

Secondary prevention attempts to reduce the prevalence of psychopathology through the use of early detection and rapid, effective intervention. It involves large-scale diagnosis of "at-risk" people, and the designing of programmes to help them develop adaptive skills.

Primary prevention seeks to eliminate the cause of the problem at a community level. It involves lowering the rate of personal distress by counteracting harmful circumstances that give rise to it - across the population as a whole, rather than seeking to prevent a specific person from experiencing mental health problems.

The emphasis in community mental health theory on the effect of social forces requires an understanding of the complexities of life in a particular community. Sarason (1974) lists some of the processes and forces at work which need to be taken into account over and above the political or geographical area in which the community is located:

- the different groups of people, transient or permanent, with similar or different purposes/power/composition;
- the institutions which may be formally or informally related to each other;
- a distinctive history, necessary to understand the community's present social, political, religious and economic characteristics;
- the idea that the process of change is continuous, partly as a function of the changes in the larger society, but also with its own special characteristics in response to external forces.

According to Oosthuizen and Van der Worm (1991) other factors in black community life in South Africa should also be taken into account, namely:

- the definition of "community" in geographical terms is fraught with difficulty, in that there are sharp divisions between groups in the same territorial setting;
- there are very strong, but hidden, communication networks, arising from years of political repression;
- communities usually have extremely complex power structures, including people appointed by formal state-supported structures, as well as "alternative" leaders from differing political movements, often in conflict with one another;
- the schools are often equally divided in terms of student structures, and contact with a particular group may lead to being ostracized by other groups;
- long-term socio-political and economic disempowerment has immobilized health, sanitary and other services found in self-sufficient communities, and

has contributed to the development of patterns of dependency and passivity - processes fuelled by financial "handouts".

2.1.1 *Major approaches in community mental health*

Community mental health draws from the fields of community psychology and the community work method of social work. As a social work method, community work is essentially concerned with the structures and dynamics of a particular community. Community psychology seems to have developed from applying traditional therapeutic approaches, such as individual therapy, to community settings, and the provision of more mental health services in a given geographical area, to the development of more appropriate approaches such as the developmental, consultative and social action models. A further development in the South African context is a growing concern with empowerment and effective connection with the community, rather than primary prevention *per se*, as evidenced in the ecosystemic model.

(a) Community work method of social work

According to McKendrick (1987) community work is one of the ways of developing a pragmatic, indigenized social work approach in South Africa with its widely differing levels of community development. Community work **principles** correspond with those of social work in general. According to Rothmund and Botha's (1991) survey of the literature in this area, these principles include:

- respect and consideration for man's intrinsic worth and dignity;
- acceptance of community potential and limitations;
- giving recognition for community achievements and co-operation;
- recognising the uniqueness of each community: how it is shaped by life philosophy, cultural, socio-political, and religious factors;
- recognising the right to self-determination for the community, which may entail a limitation on the freedom of individual choice in order to promote responsibility and consideration for others;
- meeting the community at its own level;
- mobilization of the potential for self-help;
- working in partnership with the community, with the worker and community each carrying particular responsibilities, in a democratic process.

The overall **aim** of community social work can be defined as enhancing the quality of life for all community members (Rothmund & Botha 1991). This may involve identifying relevant resources within and outside the community; identifying and

addressing problems which threaten the community's stability; promoting social and environmental development; and preventing social malfunctioning through preventive social work services. In order to achieve these overall goals, Rothmund proposes a five step model of the community work **process**: getting to know the community, by way of a community profile; forming a structure, such as a project committee; planning and setting goals and priorities with the project committee; implementing the plan of action or programme; and evaluating and replanning.

(b) Developmental/Skills-teaching approach

Carkhuff and Berenson (1976) advocate a developmental approach to community mental health, which aims to develop resources and skills in individuals by means of **educational programmes**. They believe the major role of the community mental health worker to be the imparter of the skills needed for coping with everyday life and interpersonal relationships. The main focus of such educational programmes could be the development of the individual's intellectual, interpersonal and physical abilities, and the development of the environment into one that enhances and stimulates development and adjustment. According to Hopson and Scally (quoted by Jooste 1992), self-empowerment is the central concept in life skills training programmes. These writers believe that contemporary living requires:

- personal skills (literacy and numeracy, problem solving, discovering one's own interests, values and beliefs, developing self-esteem, proactive living, maintaining health and sexuality etc.);
- relationship skills in informal social situations (communication skills, building/maintaining and terminating relationships, managing conflict, giving and requesting help etc.);
- relating effectively in formal situations (assertiveness, influencing people and systems, working in groups and expressing feelings constructively);
- life skills for particular situations such as in education, at work, at home and in family life, or in leisure activities (e.g. maximising leisure options), and in the community (e.g. consumer skills, developing political skills, using community resources etc.).

Life skills training programmes and support groups have been offered by mental health professionals in community settings as the need has arisen, e.g. in bereavement, depression, assertiveness training, children with special problems, parenting skills, parenting for adolescent mothers, special training for law enforcement officers, preparation for marriage and marriage enrichment (Arthur, Sisson & McClung 1980; Barth, Schinke & Maxwell 1984; Cartwright & Zander 1978; Croake & Glover 1977; Fensterheim 1972; Gerdes 1988; Lewis & Lewis

1977; Rapaport 1977; Sarason 1974). Two areas of skill, namely assertiveness and parenting are given attention in the present research.

(c) Consultative approach

An approach advocated by community psychologists is that of **consultation**. Consultation involves the mental health professional working with those who have influence over, or the care and treatment of, other groups of people. It may involve interprofessional consultation with social workers, doctors, teachers, etc.; or consultation with volunteers and preparation of paraprofessionals; or consultation with parents, relatives or friends of people experiencing problems (Lewis & Lewis 1977).

(d) Social action approach

A key to the effective prevention of psychological and social problems is taking action to change social, political, economic or environmental policies/systems which contribute to the problems.

This may involve the community mental health worker in mobilizing the disenfranchised South African communities to exert pressure to challenge existing inequalities, such as repression and domination, and to effect structural change (Seedat, Cloete & Schochet 1988).

In South Africa, the degree of involvement of the psychologist/mental health worker as an agent of social change has been the subject of much debate. For many years, political issues were seen by the established psychological community as being outside their area of professional expertise. Others have argued that the detrimental effects of apartheid policies on mental health, as well as the inequities and inappropriateness of mental health services, should be psychology's primary focus (Dawes 1986; Nell & Seedat 1988; Seedat, Cloete & Schochet 1988).

Recently, calls for psychologists to influence state welfare policy to actively promote mental health for all are being heard (Freeman 1991; Schefer 1988; De Haas 1990). According to the PASA Report on Mental Health in South Africa (1989), psychologists are "ethically bound" to bring their knowledge and insights to bear on social, economic, environmental and political affairs.

Manganyi asks for South African psychology to shed its Anglo-Saxon character and become an indigenous psychology, addressing the problems of people in their everyday life, at both family and community levels (quoted by Jooste 1992). As such it would be aiming at primary health care on both medical and psychosocial levels. This would involve combating the effects of apartheid and unemployment on mental health, examining working conditions that are adverse to physical and mental health and addressing the effects of violence on children.

(e) Ecosystemic approaches

The ecosystemic model developed due to the limitations of mental health approaches based on a geographical conception of community. These approaches had concentrated on the prevention of mental illness through the provision of scarce mental health services to people in a given area (Oosthuizen & Van der Worm 1991). The ecosystemic perspective has emerged in psychology and social work through a balanced emphasis on person and environment (Allen-Meares & Lane 1987).

This model is based on the principles of community work outlined by Rothmund and Botha (1991) and provides a more detailed application, which pays particular attention to the role of the researcher in community work. It involves the "co-creation" of a community, where a **process** of sharing ideas, psychological knowledge and skills is developed through the joint creation of whatever mental health service is negotiated.

Oosthuizen and Van der Worm (1991) argue for an approach to community intervention which effects the best possible "fit" between community worker and communities. The worker's value system and personality play a crucial role in establishing patterns of connectedness and disconnectedness with the community.

These writers describe the ecology of community work intervention/research in terms of three hierarchically integrated contextual levels:

1. **the context of behavioural setting or lowest level**, which includes the specific intervenor or researcher, the individuals directly targeted, concrete actions, specific community needs and specific community resources. These basic ingredients are linked to a wider contextual setting, namely,

2. **the context of rule systems** - the interrelated systems with evolving patterns of relationships and rules which give wider meaning and significance to all aspects of the behavioural context. Individual problems, needs and resources cannot be severed from the communities within which they manifest themselves. Members of a community can thus be empowered through participating in problem solving.

   The intervenor/researcher's own context of rule systems may influence his/her expectations - through preconceived ideas about what community services "should" entail - as well as impact on the way s/he operates in the community. The ecological framework advocates the relationship between intervenor/researcher and the community to be one of **dialogue**, where the "opposites" of the all-knowing, skilled intervenor/researcher and the naive ignorant respondent can be replaced by a shared approach to a particular community's problems, needs and resources.

3. **the meta-context, or third level comprising the ideological** systems which affect the functioning of the hierarchically lower levels, and are, in turn, affected by them. A researcher/intervenor must carefully evaluate his/her ideological viewpoint and value systems in terms of its connectedness with that of the community. Taking on a "guardian" role or feeling that one has to "do good for" the community could, for example, be prejudicial to the interplay of research/intervention and community systems.

Oosthuizen and Van der Worm's (1991) ecological paradigm emphasizes the interrelatedness of the three contexts and the existence of recursive feedback loops between the hierarchy of contexts - they are mutually interdependent and influential, both horizontally and vertically. In addition, the three contexts of community life are subject to the influence of political and economic factors of a wider societal level.

This model appears to provide the most clearly formulated systemic view of the role of the intervenor/researcher as part of the various contexts of community life. This role may consist of being therapist/educator/consultant in **co-creation** of effective strategies to deal with issues in community life. The ecological model helps to gain a more holistic understanding of people in their sociocultural physical milieu, and helps to identify which actions to take to alter intersystemic relationships. It encourages mental health workers to develop a varied repertoire of assessment instruments and helping interventions (Allen-Meares & Lane 1987).

(f) Multidisciplinary approach, utilizing paraprofessionals

A feature of community programmes is the working together of professionals from a number of different disciplines such as sociology, social work, psychology, community development and medicine (Lewis & Lewis 1977). Part of the emphasis on a multi-disciplinary approach, with its sharing of skills, is the increasing use of non-professionals to fulfil many roles (Rapaport 1977). Part of the reason for this, initially, was the lack of sufficient workers and the impossibility of training enough professional workers to meet community needs. A community programme operating within an ecological model would involve more "lay" workers than professionals, in view of its "co-creation" philosophy. McKendrick (1990) points out that the key to effective prevention in communities is to recognize the talents of ordinary people. He suggests that the role of the professional social worker in South Africa will have to become increasingly that of trainer and enabler.

The advantages of involving indigenous non-professional helpers, according to Carkhuff (1971) are that, being from the distressed person's milieu, these helpers can establish peer-like supportive relationships, empathize more effectively with the distressed person's total life situation and life style, and model and teach more effective behaviour from within the distressed person's frame of reference.

Vermeulen (1986) adds that paraprofessional workers allow professional people to be better utilized, and that helping others provides a therapeutic experience for the paraprofessionals themselves, thereby increasing the proportion of well-functioning people in the community.

(g) Community education model

The field of community education also espouses collaboration between community members and professionals in the identification of local problems and the development of problem solving strategies (Gathiram 1993). The community education model is based on the philosophy of servicing the entire community by providing for the educational needs of all its members. It sees the local school as the catalyst to bring community resources to bear on community problems (Taylor 1988). In an open education system, the common experience of the children at school may serve to integrate all members of a community and to overcome prejudices by promoting understanding and tolerance of other cultures.

Community learning centres, controlled and staffed by the community, for formal and informal education, are becoming more popular (Jooste 1992). These centres endeavour to enhance psychological and social well-being by developing life skills through providing life-long availability of educational facilities, offering primarily literacy training.

2.1.2 *Conclusion*

Thus, in drawing on the literature from the fields of community psychology, social work and education, the trends towards participatory democracy between professionals and community members, and the demystification of professionals, become clear.

Because of the special characteristics of each community, intervention/research programmes need to be based within a community setting, where decision making is a partnership process. These are the tenets on which the research project to be discussed below are based.

2.2 Assertiveness

The literature concerning the particular life skills of assertiveness is included in this review because developing this area of personal effectiveness was a need expressed by the women in the community where the research was conducted.

The current women's movements in the United States and elsewhere have focused attention on women's conditions of social and sexual inequality. The basic principle of gender equality is also gaining more and more popularity among

South African women, as better educational opportunities and exposure to Western thinking has become more prevalent.

However, if women are to gain their full economic, social and legal rights, they will need to develop the capabilities required for articulating their needs and rights honestly and openly, and the assertive skills with which to gain personal freedom (Osborne & Harris 1975). This will entail challenging the traditionally submissive female role, and dealing with the fact that strong, assertive women are accepted less readily by both men and other women.

2.2.1 *Submissive adaptation of women*

Sex role stereotyping begins early in life when boys are encouraged to be aggressive, competitive and independent, while girls are rewarded for being passive and dependent. Differential child-rearing practices and treatment by teachers at school reinforce conforming, unassertive behaviour in girls, whereas boys receive attention for developing self-confidence and individuality (Osborne & Harris 1975).

A double standard is created for young women in that they are told that self-fulfilment, independence, assertiveness and serious intellectual commitment are desirable human characteristics for all men and women. However, they soon learn that they are rewarded primarily for passive, dependent behaviour. As Osborne and Harris (1975) put it, women are really given no training in keeping the **self** alive. In marriage, it is often expected that they should "sacrifice" themselves and their careers for husbands and children, put aside their own feelings and needs, and live to please others. In order not to be seen as "unfemininely" straightforward and aggressive, they learn to accomplish what they want in indirect ways. Kanowitz (quoted by Baer 1976) has explored the effects of social and legal discrimination against women, which he believes causes women to develop character traits to assist them in handling their second-class status: among these are indirectness, guile, subterfuge and manipulation.

Women's movements have questioned the feminine legacy of passivity, self-effacement, coyness, dependency and the subordination of women's needs to those of others (Alberti & Emmons 1984; Baer 1976; Phelps & Austin 1987). Increasing numbers of women are aspiring to become strong and effective, particularly with the gradual opening of previously closed employment opportunities for women. Hite's research (1976, 1987), using anonymous questionnaires sent to thousands of women, investigated women's sexuality and attitudes and experiences in love relationships. She found that a "cultural revolution" was occurring amongst American women, whereby women were redefining themselves emotionally, leaving behind a "male" view of the world which defines women as being second-class in certain respects and insists that competition and aggression are the basic

realities of "human nature". Nevertheless, a woman who behaves assertively and exhibits traits which are deemed desirable for men only (ambition, autonomy, independence and self-expression) still risks having her femininity questioned (Phelps & Austin 1987).

The research into psychological gender differences, however, points out the need for a new standard of psychological health for the sexes - one that removes the burden of stereotypes and allows people to feel free to express the best traits of both men and women (Bem, in Sherman & Denmark 1980; Phelps & Austin 1975; Smith 1976). Androgynous individuals manifest more positive self-concepts and more positive psychological health than sex-typed people (Hinrichsen, Follansbee & Ganellan 1981). This research stems from the human potential movement which has provided a "cultural imperative for self-actualization as a birthright for all people rather than as a privilege for a selected few" (Osborne & Harris, 1975:51).

Many sections of South African culture, however, remain very patriarchal in outlook, and the old feminine conditioning and traditional beliefs about the role of women are very evident. In the Indian community, adaptation to the changing role of women has not been easy as it has been viewed as a threat to the entrenched power of the patriarchal system (Chetty 1987; Schoombee 1985). Confusion over the role of the wife, with her better levels of education and greater economic contribution, have been noted to be a source of conflict in marital life (Candotti & Mason 1990). However, Schoombee and Mantzaris (1985), in their study of change occurring in Indian family life, found that the younger, better educated and upwardly mobile members of the population were far more positive about Western influences than their elders.

2.2.2 *Defining "assertive behaviour"*

Assertiveness has been defined in many ways - as a philosophy and attitude to life, as well as in terms of specific behaviours. Alberti and Emmons (1975) view assertive behaviour as standing up for one's rights without denying the rights of others. They have characterized the assertive person as one who feels confident in interpersonal relationships, can express feelings and emotions spontaneously and is highly regarded by other people. Osborne and Harris (1975) note that assertiveness has been viewed as including the following elements:

- a definition of limits beyond which other people may not intrude;
- maintenance of effective control over all parts of one's territory;
- a declaration of individuality against opposing forces, which involves reaching out for what one wants and rejecting what one does not want;
- insistence on one's rights being respected;
- confident communication;

- non-verbal behaviour such as direct eye contact, an assertive stance and forcefulness in order to make one's behaviour congruent with assertive verbal messages.

According to Burley-Allen (1983) assertiveness has both cognitive, emotional, verbal and non-verbal components. A useful definition of the assertive woman that can be easily translated into goals for training groups, is given by Fensterheim (in Fensterheim & Baer 1976) in terms of the following four characteristics:

1. she feels free to state what she thinks, feels and wants. If doing so causes conflict, she can deal with this rationally and does not harbour resentment or attack wildly;
2. she can communicate in an honest, appropriate and direct way;
3. she goes after what she wants in life and takes responsibility for her decisions;
4. she acts in a way that makes her respect herself and maintain her self-esteem.

A great deal of confusion exists regarding the role of aggression and assertiveness. Many theorists have adopted the position that assertion includes certain positive elements of aggression, such as ambition, competitiveness, learning to take risks and engage in new behaviours, which are seen as vital elements for survival (Osborne & Harris 1975). However, aggression is usually linked with hostility, anger and violence, which has convinced many women that behaviour which hints at aggression is unfeminine. A clear distinction is drawn in the literature between **positive aggression** and **hostile aggression**. Hostile aggression has negative and destructive elements such as violating the rights of others, minimizing their worth as people, inflicting deliberate hurt through humiliation, or domination or violence (Baer 1976; Alberti & Emmons 1984; Phelps & Austin 1987). It is seen as being just as unassertive as passive, dependent behaviour.

In addition to assertion and hostility, there is a third behavioural stance to consider - the passive and placating interpersonal style. Assertiveness is usually contrasted with passivity, which is characterized by self-denial, inhibited and submissive behaviour where the person avoids conflict or decision making, and generally has a low self-esteem (Burley-Allen 1983). According to Osborne and Harris (1975) most women enrolling for assertiveness training do so because they are on the submissive end of the submissive-assertive-hostile continuum, whereas men often feel they express hostility in relationships and want to learn more effective communication styles (Baer 1976). For many individuals, under-assertiveness does not pervade every domain of their lives. It is quite common to find women who view themselves with confidence and behave with appropriate assertion in the workplace, but are far less effective in their love relationships. Recent work on the "imposter phenomenon" indicates that some individuals,

particularly women, generally view themselves in quite positive, competent terms, but in certain threatening situations they are overwhelmed with a sense of being imposters who are "secretly incompetent" (Nurius 1989).

2.2.3 *Assertiveness training*

Assertiveness training aims to increase self-esteem by teaching people skills to override their learning inhibitions and reduce anxiety in interpersonal relationships (Alberti & Emmons 1984).

Assertiveness training was first developed in the work of Wolpe and Salter in the 1950s (Baer 1976) and is based on the principles of learning theory. The major emphasis is on identifying self-defeating behaviour and the learning of new skills (Osborne & Harris 1975). Most authors find that trainees usually follow a typical pattern whereby there is an increased awareness of own non-assertiveness and its negative consequences. This is followed by an intellectual appreciation of assertive behaviour and its positive contributions. Increasing dissatisfaction with their own ineffectuality and/or resentment towards the people who seem to be reinforcing unassertive behaviour lead to tentative attempts at assertive responses. If positive results ensue, the probability of engaging in more assertive behaviour increases. These processes frequently culminate in a general personality change which is encouraged by positive feedback from others and improved interpersonal relationships. According to Nurius (1989), self-development programmes must employ not only information and skills training, but also give attention to commensurate change in underlying belief systems about the self in order to sustain enduring change.

Some of the techniques used in assertiveness training include relaxation training, hierarchy construction, behavioural rehearsal, covert behavioural rehearsal and visualization, modelling and observational learning, coaching, videotape feedback and self-monitoring techniques (Osborne & Harris 1975). Some programmes make extensive use of self-examination techniques, such as Bower's "Learning Assertive Behaviour with PALS" (Phelps & Austin 1987), while established techniques of psychodrama (doubling, role reversal, mirroring and future projection) have been successfully incorporated in assertiveness courses (Osborne & Harris 1975).

2.3 Parent-child relationships and parenting skills

Another area where one's degree of effectiveness in interpersonal skills contributes to one's self-esteem is that of being a parent, and raising a family. In the community where the research was conducted, investigation amongst parents revealed that many felt unsure of their parenting skills in these times of rapid social change, where traditional approaches were being influenced by westerniza-

tion and the national movement towards democracy. Family life and the demands of parenting are undergoing rapid change in South African society, in response to environmental forces. It is no longer easy to separate family concerns from political and cultural questions. Issues raised by the women's movement such as the triple oppression of women (race, class and sex) bears evidence to this, as do questions on health, welfare and housing (Govender 1990). Political activism on the part of young people has produced new issues with which parents must deal.

While certain functions of the family are universal - the socialization of the child, providing emotional and material support, protection - family structures are undergoing rapid change. Cafagna *et al.* (1982) emphasize many aspects of change such as the fragmentation of family life coinciding with industrialization and urbanization, the increasing numbers of single-parent families, and the development of new family groupings other than the nuclear family unit. Forced removals, in terms of the Group Areas Act, led to the breakdown of extended family living and changed the patterns of family life in many areas (Platzky & Walker 1985).

The patriarchal right as an absolute and unquestionable basis for the authority of parents (or of men over women) is no longer acceptable (Cafagna *et al.* 1982). In a society seeking democratic political representation, traditional forms of authority in the family are also being questioned. Western concepts such as parents being fairly equally matched in the amount of power each exerts, parents needing to "earn" the respect of their children, children making choices according to their level of development and members taking responsibility for their own actions and having a right to their own thoughts, feelings and behaviour, are influencing the younger generation.

The Indian South African community emanates from a strong patriarchal heritage where the duties and role obligations of wife, mother, daughter, father and son transcend the importance of individual rights and aspirations (Meer 1969; Govender 1990). When women marry they are expected to transfer their allegiance to their husband's family (Janosik 1980), and their role has been characterized by submissiveness and passivity. Independence or autonomy in children tends not to be encouraged, and the strength of the family is based on family cohesion. Parenting has represented an opportunity to exercise power denied in the political arena (Gathiram 1993).

Marital relationships and child-rearing practices have been complicated by the encounter with Western culture, which, in many instances, is in direct contradiction to traditional values (Schoombee & Mantzaris 1985). Better education and job opportunities for women are challenging traditional cultural patterns, as well as the family's ability to adapt to change. This is a critical point of transition with which many families require help, since many young couples feel confused and inadequate both as marriage partners and as parents, and experience

acculturalization stress (Candotti & Mason 1990). They have been socialized in a strong traditional climate, are living in an era of intercultural exchange, and have to raise children who will be strongly influenced by the dominant Western culture and who will be living in times of extremely rapid social change. They are unsure about whether to maintain authoritarian parenting, or explore democratic or even permissive parenting styles. As Gathiram (1993) points out, the legacy of apartheid and oppression makes it difficult for many individuals to cope with their newly acquired democratic rights, let alone transmit them to their children.

2.3.1 *Parent education*

According to Schlossman (1976) formal literature to assist parents dates back to the ancient Greeks. In their discussion of the history of the American parenting movement, Haskins and Adams (1983) relate that books and pamphlets on child-rearing were available and widely read from the late Colonial period onwards. These publications were addressed almost exclusively to mothers, with the principal message of self-sacrifice, and they defined the boundaries of acceptable female behaviour for most of the 19th century by centring the woman's existence in home, husband and children. Prior to the Second World War, parenting groups served as support systems and to disseminate information on child rearing. They extended their activities into the political arena by campaigning for changes and improvements in legislation relating to the quality of children's lives and their education.

After the Second World War, the field of research into parenting skills and the development of structured programmes for parent group education blossomed. Parent education has been defined as purposive learning by parents to change their method of interaction with their children and encourage positive child behaviour (Croake & Glover (1977). Based on the belief that parents are the key figures in developing their children's healthy personalities, parent education has been defined as the "primary prevention" of emotional and social maladjustment (Auerbach 1968).

The functions of parent group education have been summarized by Raath (1988) as follows:

1. **enabling** parents to share their feelings about themselves, thereby realizing that other parents also feel discouraged, angry at times;
2. **facilitating** communication skills within the group, and encouraging the transfer of the skills to their family situation;
3. **learning** about the experiences of other parents and a broader range of knowledge against which to view themselves and their children, which lessens the sense of isolation often experienced;

4. **understanding** the family situation, which lessens parents' anxiety when they become aware that problems are acceptable and universal to all parents.

The rapidly growing literature on parenting programmes seems to indicate that, despite the diversity of programmes, parent educators draw from three primary models. The **reflective approach** emphasizes the teaching of skills that will enhance communication in families, such as Gordon's (1970) "Parent Effectiveness Training", and emanates from the phenomenological approach of Carl Rogers. It focuses on parental awareness, understanding and acceptance of children's feelings, using cognitively mediated variables as a means of affecting the child's behaviour and the parent interaction (Cobb & Medway 1978). The **Adlerian approach**, such as Dinkmeyer and McKay's (1976) STEP programme (see Par. 2.3.2), interprets child behaviour in terms of the child's motivation to misbehave, while the **behavioural model** emphasizes direct observation of behaviour and the role of environmental variables in maintaining specific behaviour patterns. The latter emphasizes teaching skills of behaviour shaping and applying principles of learning theory to specific child-rearing situations (Goodyear & Rubovits 1982).

The philosophies of the three primary models differ on the issue of parental control and power (Raath 1988). Implicit in the principles of the behavioural and Adlerian approaches is the idea of the parent "in control". There is an assumption that if the parent is in possession of all the necessary information, s/he will be able to modify the child's behaviour, through reward, punishment or encouragement. The reflective approach, on the contrary, endorses the participation of both parent and child in conflict resolution, so that ultimately the child has a vested interest in enforcing the solution.

Raath (1988) refers to a fourth approach emerging in parent group education, namely the multimodal framework which involves a synthesis of concepts from the major models. Such multimodal models seek to first intervene in the areas of greatest need, and subsequently incorporate other skills from the three primary models.

Most parenting programmes have: a **knowledge** component, representing a conceptual framework of developmental psychology; a **family management component**, which includes the shaping of parental and child behaviour, but may extend to such aspects as time and money management, and an **interpersonal skills component**, focusing on the quality of familial relationships, attitudes, values and self-concepts, and changed behaviour through better communication. The relevant emphases of these programmes seem to vary according to the target population. As Goodyear and Rubovits (1982) point out, family management skills may be more appropriate for satisfying Maslow's lower order, basic needs, while interpersonal skills are more appropriate for satisfying higher order needs such as that for self-actualization. With families whose basic needs are satisfied,

more emphasis can be given to the learning of communication skills likely to improve relationships.

2.3.2 *Research into the effectiveness of parent training*

The efficacy of the unimodal approaches to teaching parenting skills has been well documented (Croake & Glover 1977). Approaches to parenting using behaviour modification techniques have been demonstrated to be effective with specific target behaviours, e.g. autistic children, deaf children, mentally retarded and juvenile delinquents. Raath (1988) notes that this may be because behavioural methods do not rely on procedures requiring astute verbal capacities.

The best known Adlerian programme is the Systematic Training for Effective Parenting (STEP) of Dinkmayer and McKay (1976), which became fairly well known in South Africa during the 1980s. There is little evaluative research on the STEP programme to date. In one study reported by Raath (1988), the programme was found to be effective in helping parents understand their children's behaviour and in learning techniques for handling typical child-rearing situations. However, the effectiveness of the programme across a broad socio-economic spectrum and the stability of newly-learned techniques of parenting were not demonstrated.

Among the reflective approaches, Thomas Gordon's (1970) Parent Effectiveness Training (PET) has been extensively researched. Raath (1988) discusses 32 separate research studies, all of which report positive changes in many areas, including the parents' sense of self-confidence, levels of trust, acceptance of children, democratic attitudes, overall child management skills, parental anxiety, and levels of communication or family cohesion. A number of the studies had inadequate methodology, such as the lack of random assignment of subjects to the group conditions, the absence of adequate control groups, experimenter bias and absence of long-term follow-up. However, the bulk of the studies appeared to be experimentally sound, and thus constitute a measure of reliability and validity as regards the PET approach. A common problem with research into parenting groups is that those who volunteer, or actively seek out such groups, are already well motivated to improve their skills, and may be the type of parent who least needs effectiveness training.

Veltman and Newman (Raath 1988), in their review of the long-term effects of parent education groups, found the following factors, which parent educators should bear in mind in the design of parenting courses:

1. parents often find it difficult to apply general child-rearing principles to specific situations;
2. too much material is frequently given in too short a time, and important principles are often missed;

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3. the time limit of the programme is often too short and parents do not internalize the principles of the programme, soon resorting to their former methods of child-rearing;
4. parents who benefited most were those who were already being fairly successful in raising their children, and
5. the more dysfunctional the family, the less they were able to benefit from an educational course only.

Thomas Gordon also believes that certain features need to be part of a programme for parents (Gordon 1980). Such a programme should be:

1. based on sound principles of effective interpersonal relationships derived from research;
2. divorced from the medical model and language of treatment (patient, therapy, diagnosis etc.);
3. brief, especially if the focus is on education rather than therapy (PET is designed to include one three-hour session a week for eight weeks);
4. less expensive than therapy, in order to reach a far greater cross-section of the population;
5. available to fathers, and therefore should be given in the evenings;
6. geographically accessible, i.e. held in classrooms, churches, homes and conference rooms in the neighbourhood;
7. able to provide parents with specific skills and methods they can easily use in the home, as opposed to abstractions like "listen to your children" or "be more accepting", and
8. designed in a manner that would enable other professionals to learn how to teach the course in their own communities.

It was on the basis of the above tenets that the training course for parents in the community, and for potential trainers, was designed.

3. METHOD

3.1 Introduction

This research project was designed to explore the training of paraprofessionals in conducting groups on life skills with a view to spreading these skills as widely as possible in the community. It was based on the theoretical tenets of community work and human potential development psychology described above, and designed to investigate whether the field of **training** was an economical use of professional time. The research team consisted of the psychologist and the social worker employed at the Community Centre, while members of staff from the Department of Social Work, at the University of Durban Westville, acted as consultants.

3.2 Goals of the research

The goals of the project were to:

1. demonstrate the effectiveness of groups as a medium of accelerating members' personal life skills development;
2. explore the training of paraprofessionals through conducting training groups;
3. monitor how life skills are introduced and spread in the community through the work of the trainees, noting the problem areas trainees encountered in applying their new skills;
4. make recommendations regarding future training courses.

3.3 Research design

The project was designed in three phases in order to meet the above goals:

Phase 1: The professional members of the research team conducted life skills training groups in the community in the selected areas of life skills, namely **assertiveness and parenting**, during 1990.

Phase 2: The research team conducted training courses for paraprofessionals in the same two areas of life skills (1991 - 1992).

Phase 3: The research team monitored the "spread" of skills into the community via personal visits to new groups and feedback meetings with trainees (1991 - 1992).

3.4 Setting

The setting in which the research was conducted was the University of Durban Westville's Community Centre, located in Unit Three of Chatsworth, Durban. In the greater Chatsworth area there are approximately half a million people, including formal townships, suburbs and informal settlements. The township and suburbs are populated mainly by Indians and the informal settlements by Zulu residents. Many of these people are refugees from the severe political upheavals in rural areas, while others have been resident in the area for 10 to 20 years. The construction of the formal township of Chatsworth began in the 1950s in response to the Group Areas Act, and people were forcibly relocated from their homes in central Durban and Cato Manor. Unit Three, where the Community Centre is located, is one of the poorest sections of the formal township of Chatsworth.

The social problems in this large and diverse community are enormous. Most of the informal settlements are without the basic provisions of water, electricity, proper housing and education. In the poorer suburbs, social problems associated with poverty, such as unemployment and overcrowding, are prevalent. Family discord, alcohol and drug abuse and child abuse and neglect are prevalent, while family murder and teenage suicide appear to be on the increase. More affluent families in the suburbs are also grappling with economic issues in a depressed economy. Divorce and reconstituted families reflect the influence of Westernization and of rapid social and political change on traditional patterns of family life.

Over the intervening years since the townships of Chatsworth were built, a sense of community life and community structure has gradually developed. Under the tricameral system, the area is administered by the House of Delegates and local affairs committees. A large proportion of the population does not support these state structures, however, and a number of non-governmental "progressive" organizations have developed to offer assistance to residents through residents' associations. Religious life is active and while the Hindu and Christian faiths predominate, Muslim mosques are also present. The community values education and community development and a number of community service organizations, as well as women's service groups, exist.

3.5 Subjects

TABLE 1: GROUPS OF SUBJECTS AND PHASES OF RESEARCH

Phases of research	I Skills training community groups	Group One - assertiveness skills group: local women of the community	Group Two - control group: local women of the community
		Group Three - parenting skills group: parents of pre-schoolers	Group Four - control group: parents of pre-schoolers
	II Training the trainers	Group Five - paraprofessionals and social workers: trainers in conducting assertiveness groups	Group Six - paraprofessionals, community workers: trainers in conducting parenting skills in groups

3.5.1 *Phase One: community groups*

Phase One of the research involved two sets of subjects - local community women, involved in assertiveness training, and parents of the Community Centre's preschoolers, involved in parenting skills training. Each set comprised both an experimental and a control group, as shown in Table 1. Group One, the assertiveness skills experimental group, consisted of 10 members of a women's group that met regularly at the Centre. They had expressed a great interest in adult education and self-improvement. Group Two, the control group, comprised women of similar backgrounds and educational levels who did not wish to participate in the course. Very few of the subjects of either group had matriculated and the majority had married at a very young age. Their traditional role as housewives is one of submissiveness and passivity towards husbands and adult male family members.

The subjects in Groups Three and Four, the parental groups, were involved with the Centre in that their children attended the preschool. All the parents of the preschool children were invited to join the parenting skills group, and it was requested that both parents participate, as parenting groups have been found to be more effective if both parents attend (Raath 1988). Ten couples joined the experimental group and 10 agreed to be part of the control group. It was possible to match the experimental and control groups closely in terms of age, education

and religion. They were between 25 and 35 years old, subscribed to the Hindu faith and had, on average, a Std 8 education. The parents keenest to join the group tended to be from the upper income bracket of the community (an income of R1 000 - R2 000 per month).

3.5.2 *Phase Two: training groups*

Groups Five and Six were the training groups designed to equip their members to conduct groups in the future. In order to recruit women for Group Five, the assertiveness trainers group, invitations were sent to women's organizations throughout Chatsworth, inviting participation in the trainers' course. Little response was obtained from women in the community but much interest was expressed from social workers already in the field. Investigation amongst our local women, including those of Group One, revealed that there was a perception among Chatsworth women that to be able to enrol in a training course for group leaders, and to envisage conducting courses thereafter, depended more on one's **educational level** than on personality and skills training. They did not feel that they had enough general education or background knowledge to be trainers, and that a newly trained group leader was unlikely to have much credibility unless she also held some tertiary qualification. Others felt that these "emancipated" ideas were inconsistent with the purposes of their groups, e.g. community service and home crafts, and that such activities would be frowned upon by their menfolk.

After consultation, the research team decided that the goal of the research - to spread these skills widely throughout the community - could still be served by including professional women whose motivation was that their training had not covered that aspect of community work. Group Five therefore consisted of three non-professional community women and seven social workers.

Greater success was experienced in drawing paraprofessionals to be trained in conducting parenting courses, forming Group Six. The group members consisted of three agency community workers and their supervisor, church workers and ministers of religion, family planning and community nurses, and a teacher - three men and eleven women, with a variety of language backgrounds and working experience. Most of these subjects were working in the Chatsworth area.

These trainees were of similar backgrounds to those recruited by the Institute of Effectiveness Training for PET training courses. According to Raath (1988), PET instructors may be professional "helpers" such as psychologists and social workers, ministers of religion, or paraprofessionals qualified in other areas, such as nurses, teachers, parents who have been through the PET course and shown aptitude for its methods. The Institute for Effectiveness Training has stipulated that prospective instructors must have a post-matric qualification that has placed the person in a role of helper or leader.

3.6 Interventions

3.6.1 *Assertiveness training for Group One: community women**

The assertiveness course for Group One was entitled "Taking control of your life", and 15 sessions were held over a four-month period, excluding school holidays. After consultation with the women, it was decided to expand the course beyond the concepts and skills of assertiveness into other areas where the women felt they needed life skills in learning to cope.

The sessions covered the following topics (see Appendix A):

- Concepts and skills of assertiveness: traditional roles of women, socialization towards submissiveness, the nature of assertiveness, the difference between assertiveness, aggression and passivity, practical skills like how to say no, expressing opinions, coping with criticism, negotiating, managing children assertively, setting personal goals (9 sessions). (Material was drawn from the following sources: Alberti & Emmons 1984, Baer 1976, Lindenfield 1987, Phelps & Austin 1987, Osborne & Harris 1975.)
- Bereavement: cultural views, stages of response to grief, how to support others who are bereaved. (Kübler-Ross (1969; 1974) was the source used.)
- The family: stages of family life, the changing needs of children, relating to one's in-laws, common family problems; and financial planning. (Exercises from the Basic Training Module of the Durban branch of the South African Association of Marital and Family Therapy were used).
- Nutrition and family planning: involving a talk by health workers of the local municipality.
- A final evaluation session.

3.6.2 *Assertiveness training for Group Five: the trainers*

The trainers' course (Group Five) consisted of 10 sessions, a shorter time span than the course conducted with the community women (Group One), due to the work commitments of the majority of the members.

The course consisted of examining in more detail the theoretical concepts and history of assertiveness training, societal roles and child-rearing practices that influence women's perceptions, and social/political development. It also involved the personal development of members in improving behavioural skills through role playing, practising and discussion, as well as the provision of reading material and notes (see Appendix C).

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* Group Two was a control group.

Two sessions were devoted to training in conducting groups: examining issues like programme planning, the skills of a group leader, evaluation and so on. Throughout the course, however, the course leader (the Centre's psychologist) drew members' attention to aspects such as variety in the presentation, avoiding continuous lecturing, and facilitating group involvement. During the final session, feedback on course content and structure, as well as personal growth, was obtained.

The first hour of each session was spent discussing the concepts covered in the homework reading, and the second hour on skills rehearsal through brainstorming and evaluating solutions, rehearsal through roleplay, the empty chair technique etc. (The background reading was obtained from Baer (1976), Lindenfield (1987) Phelps & Austin (1975; 1987) and Osborne & Harris (1975).)

After the first three sessions, members were invited to volunteer to co-present and co-conduct the session. In the next five sessions a trainee co-conducted the meeting. The last fifteen minutes of each session were then spent on giving the trainee feedback on her style, teaching skills, skill in leading a discussion, etc. Five members out of ten thus gained experience in a "safe", supportive, environment.

3.6.3 *Parenting skills for Group Three: parents from the community**

A parenting skills programme was offered in 1990 to the parents of the Community Centre's preschoolers. It was an 11-session programme, containing 30 hours of training in parenting, incorporating aspects of PET (Gordon 1970) and STEP (Dinkmeyer & McKay 1976) and an evaluation session. Discussion with workers in the field had revealed that neither of these two programmes had been found to be entirely satisfactory in the Indian community, and that the issue of changing views on parental power and authority was an essential component.The pre-course meeting with the parents had elicited information from them on where they experienced most difficulty in parenting, and this had led to a strong emphasis in the course on parent-child relationships and practical child management. The course was therefore multimodal in nature and sessions covered topics like (see Appendix B):

- parenting in changing times, the impact of Western ideas and social factors on parent/child relationships;
- parental power, democratic parenting, acceptance and trust;
- communication, especially the use of "I" messages and active listening and empathy;
- discipline and logical consequences;

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* Group Four was a control group.

- problem solving, especially the win/win approach;
- the development of self-esteem in children and the role of encouragement;
- the development of independence; overprotectiveness;
- the demands of parenting on the marital system.

The sessions were conducted by the Centre's psychologist and the social worker. By mutual consent the sessions operated on a traditional group format, where the professional person conducted the session, was responsible for the format of the course etc. Techniques of group work included large-group discussion, buzz groups and report-back sessions, role playing and group feedback. Role playing was only introduced once group cohesion was well established, as this was the parents' first experience of group sharing and peer feedback. The focus was on the pre-school child and children below the age of ten.

3.6.4 *Parenting skills for Group Six: the trainers*

The content of the trainers' course (see Appendix D) was similar to the above in that the first seven sessions looked at the "universals" of parenting: parents' and children's needs, skills of communication and discipline, teenagers, as well as the issue of rapid social change, political upheaval and the problems of parents fostering children displaced by violence. The next three sessions were focused on conducting and "marketing" parent education groups (especially to fathers), and on group leader exercises. Initially Sessions 11 and 12 were left unstructured until the group was in a position to decide what additional input it wanted. Parenting in relation to education was felt to be of great concern and became the theme of Session 11. The final evaluation session also included a presentation by the family planning nurses on child sexuality and dealing with the "facts of life" with one's child.

The sessions were conducted in a "team" format, where the basic team was comprised of the psychologist and social worker, who were responsible for chairing most sessions and for providing the photocopied reading material for homework. (Material was drawn from the writing of Ginott (1973; 1976), Gordon (1970), Faber & Mazlish (1987), Kendall (1983), Toseland & Rivas (1985).) The particular skills of the group members were invoked wherever possible; for example the social workers, community workers and ministers of religion for their experiences with conducting groups, and the nurses for information on child development, illnesses and medications. A member of the UDW Department of Sociology joined the team for one session to lead the discussion on rapid social change, and the teacher did the same on the topic of Parents as Partners in Education.

3.6.5 *Common themes in the courses for trainers*

It can be noted that the following themes are evident in both the parenting and the assertiveness courses for trainers:

- In line with the ecosystemic philosophy, both courses included members wherever possible in the "co-creation" of the course's content, and in the management of the sessions. Members were expected to summarize the main themes of the background reading, give their views on the topic, and lead the ensuing discussion. The life experience of members was incorporated wherever possible, in that they would be asked to be involved in managing a session which addressed their own particular area of knowledge. This could also be seen as a more democratic form of leadership. Leadership-by-the-group, which encourages widespread participation in decision making, is generally experienced as more attractive by members than one where decision making is centralized (Cartwright & Zander 1978).
- Since it is well known that observational learning is a powerful teaching tool, the course leaders were very conscious of their roles as models and facilitators. The course leader's role was usually that of introducing "difference" into the group through providing access to well known, new or controversial ideas from the literature, as well as relevant research findings. However, the combination of behaviour rehearsal plus effective modelling appears to induce more change in behaviour than either technique used by itself (Fensterheim, in Sager & Kaplan 1972).
- Since the people on the training courses generally had tertiary education in one field or another, the workshop format - whereby after presentation of the concepts under discussion, buzz group were formed and ideas/solutions pooled - best utilized the groups' background knowledge.
- Peer feedback, a well known skills training technique, was used as a method of building experience and self-confidence. In assertiveness training groups, each trainee is the therapeutic agent of the others (Osborne & Harris 1975).
- By the end of the course, members had a file of information containing extracts from references for background reading, prepared notes on topics like communication and discipline, as well as practice exercises for developing skills, their own notes from the workshop feedback sessions, a reading list, and outlines of the topics of the STEP and PET approaches.

3.7 Data collection

3.7.1 *Assertiveness training*

According to Brandon (1985) assertiveness forms one of the pillars of the self-concept, alongside self-knowledge, self-respect and self-acceptance. How we relate to others affects how we view ourselves and *vice versa.*

The Index of Self-Concept (ISC) (Hudson 1982) was the instrument chosen to monitor the impact of the assertiveness skills on Groups One and Five, and determine whether any change had taken place in Group Two, the control group. It consists mainly of a questionnaire administered on a pre- and post-test format. This questionnaire consists of a series of statements e.g. "I feel that I bore people." The respondent has to rate how accurately the statement applies to her on a scale of 1 to 5, where 1 represents "rarely" or "never", and 5 "most" or "all of the time". A high score (over 30) indicates that the respondent has a problem of low self-esteem and little self-confidence. An improvement in self-concept is thus indicated by a lowering in scores on the pre- and post-test administrations. This measure has the advantage of being simple to understand and administer, which is an important consideration for subjects of low educational levels, and for subjects who are unfamiliar with psychological techniques.

The questionnaire has a standard error of measurement (SEM) of 3 to 4 points. Changes of twice the SEM can be regarded as significant. Hudson reports reliability coefficients of between 0,92 and 0,94 on six studies of the ISC's reliability. In terms of validity, the ISC was found to successfully discriminate between clients rated by their therapists as having a clinically significant self-esteem problem and those who were rated as free of problems, and to have good construct validity when compared to other measures of self-concept. Like all self-descriptive measures, the ISC is subject to bias by respondents giving socially desirable answers, and therefore false positives, as well as false negatives.

The researchers had found that this questionnaire could successfully discriminate statistically significant changes in self-esteem among a group of community women during an assertiveness training course conducted at the Community Centre in 1988, and among groups of university students undergoing assertiveness training in their fourth year of social work training.

The ISC was administered to Group One in the first and final sessions of the assertiveness training course, and to the control group (Group Two) in the same week in which the experimental group completed it.

3.7.2 *Parenting skills*

The Inventory of Parent-Child Conflict (IPCC) (Olsen & Ryder 1970) was the instrument chosen to measure the effect of the parenting skills training for Group

Three. The inventory consists of 40 vignettes associated with child-rearing attitudes and parenting practices. Respondents had to select from two possible responses, and indicate how strongly they felt about their own choice, e.g.

> *If a father has already given a child permission to go out and play, and the mother disapproves of this idea, should she bring up her reasons for not letting the child out or should she go along with the father?*
>
> (a) Go along with the father.
> (b) Bring up her reasons for not letting the child out.
>
> *How strongly do you feel about your opinion?*
>
> - *very strongly - somewhat strongly - not at all strongly.*

The reasons why the inventory was selected were the following:

1. its practical, concrete, behaviour-based items were felt to be most suitable for the subjects' educational levels;
2. the first 20 items could be used as a pre-test and the second 20 as a post-test (Olsen & Ryder 1970: 20), to enable an assessment of the impact of the course;
3. it can be used as a measure of disagreement between spouses, where the sum of their scores on an item indicates the intensity of the conflict pertaining to that particular issue (Olsen & Ryder 1970).

The vignettes were grouped by the researchers into three themes: Child Management, Understanding the Needs of the Child and Interpersonal Conflict (level of disagreement between mother and father), according to the structure recommended by Goodyear and Rubovits (1982). Accordingly, on the pre- and post-tests there were five items related to child management, eight to understanding needs and seven to interpersonal conflict. The IPCC themes were scored according to the couples' combined response to each item, so that improvements in their functioning as a unit could be monitored.

The inventory was administered in the first and last sessions of the parenting skills course.

To assess whether any changes in parenting skills had taken place during the training course for Group Six (the trainers group), the Hereford Parent Attitude Scale was administered in the first and last sessions (Hereford 1963). Since most participants in the training course had tertiary qualifications, a more sophisticated measure of attitudinal change was chosen. The scale consists of 77 items and it measures attitudes on five areas of concern to parents:

1. **Confidence** in parental role: Fifteen items on the questionnaire are designed to tap the parent's self-concept. A low score indicates feelings of inadequacy and

uncertainty, while a high score indicates a greater measure of self-confidence. Shifts from low to high would indicate an improvement in self-confidence.

2. **Causation** of child's behaviour: The 15 items of this scale are concerned with the interpretation a parent makes of the child's behaviour, and the extent to which s/he becomes involved as a causative factor. At one end of the continuum is the parent who believes that behaviour is hereditary and immutable; at the other end is the parent who feels that parent-child interaction, environmental influences and parental behaviour and attitudes all play a role.

   Positive shifts in score would indicate that parents are seeing themselves as much more instrumental in shaping child behaviour.

3. **Acceptance** of the child's behaviour and feelings: This scale measures the degree to which the parent is satisfied with her child and sees the child as an individual in his/her own right. At the one end of the scale is the rejecting parent and at the other the completely permissive parent. Higher scores would indicate a shift in attitude towards greater acceptance of the child.

4. **Understanding:** These 15 items measure the degree of mutual communication or interaction. At the lower end of the continuum is the parent who does not share ideas, attitudes or feelings with the child, while the parent on the upper end prizes the reciprocal exchange on both intellectual and emotional levels.

5. **Trust:** This scale measures the amount of confidence that parents and children have in each other. The lower end of the continuum indicates a parent-child relationship characterized by suspicion and deceit; the upper end indicates a relationship characterised by mutual confidence and trust.

Each item is rated on a 5-point scale: Strongly agree, Agree, Undecided, Disagree and Strongly Disagree, giving a score of -2 to +2 on each item, and a range of -30 to +30 on each scale. Plus scores are assumed to be in a psychologically healthy direction.

The questionnaire was originally standardized on a group of 72 parents who had formed part of Hereford's research programme in Texas (Hereford 1963). Six judges were responsible for determining the final 75 items included in the questionnaire. Split-half reliability coefficients indicated that the scale was internally consistent, and the correlation coefficients were high enough to ensure that all the scales measured related parent attitudes without duplication. The Hereford Parent Attitude Scale has been the most widely used measure to assess the outcome of a parent effectiveness training course (Raath 1988). Furthermore, it has the advantage of being phrased in the first rather than the third person, and the scatter of questions seems to prevent subjects forming response sets (Raath 1988).

Members of Group(s) One, Three, Five and Six were asked to complete evaluation questionnaires, since their subjective experiences in the groups were considered valuable sources of qualitative data. The parents in Group Three completed the PET evaluation sheet (Gordon 1970) and the others a structured questionnaire drawn up by the researchers.

3.7.3 *Monitoring the spreading of skills into the community*

The transfer of skills into the community was monitored by the following methods:

1. *Feedback meeting with trainees*

   These took place with the assertiveness trainees on 9.8.91, 10.11.91 and 9.9.92. The parenting skills trainees had one feedback meeting held on 13.11.92. Trainees were asked to give self-reports on what courses they had conducted, on how they had incorporated the skills of assertiveness into other aspects of their work, and what problems they had experienced. The researchers utilized a secretary for these meetings and detailed records of the trainees' reports were kept. The data was analyzed for common trends as well as unexpected responses.

2. *Participation in trainees' courses*

   The psychologist was asked to participate by conducting one session on several of the courses arranged by trainees. This enabled her to gain a sense of the group's cohesiveness, members' relationship with the newly trained group leader, their response and enthusiasm for the concepts and skills under discussion, etc.

3. *Acting as a resource for consultation with trainees*

   A number of trainees consulted with the psychologist regarding how to design courses for particular groups, as well as to discuss problems experienced with group responses, group management, etc.

3.8 Statistical procedures

Two-tailed *t* tests for the difference between the means of two independent samples (Howell 1989) were computed for the two experimental groups and the two control groups: Group(s) One and Two, Three and Four. For the assertiveness training group, Group One, a further analysis, comparing each member with herself was conducted, using the *t* statistic for the difference scores of related groups (Howell 1989).

Each member of the training groups, Group(s) Five and Six, was compared with himself/herself to assess the impact of the intervention (training group), using

the *t* statistic of the difference scores of related groups. The advantages of the related-sample design are that such a procedure avoids the problems associated with variability from subject to subject, and allows the researcher to control for extraneous variables (Howell 1989). The primary disadvantage of the related-measures design concerns the possibility of a **carry-over effect**, whereby subjects may become sensitized to particular areas of the measuring instrument.

3.9 Principles for evaluating the research

In reviewing the effectiveness of a(n) research/intervention project, the following questions need to be answered, according to McKendrick (1989) and Wilcocks (1988):

1. What difference has the project made? Has it achieved its goals? Who has been affected by the change? (impact evaluation)
2. Why did the change happen this way? What were the processes, content and methods involved? (process evaluation)
3. Were there any unforeseen side effects?

The analysis below will be based on these principles of impact and process evaluation.

4. DISCUSSION OF RESULTS

4.1 Phase One: skills training for community groups

4.1.1 *Assertiveness training for community women: Group(s) One and Two*

The assertiveness training course entitled "Taking Control of Your Life" comprised 15 sessions held between May and November 1990, and addressed personal development, family issues and dealing with bereavement. The Index of Self-Concept was administered at the beginning and the end of the course.

TABLE 2: ISC SCORES FOR ASSERTIVENESS TRAINING OF COMMUNITY GROUPS

	GROUP ONE (EXPERIMENTAL) $\bar{X}$	GROUP TWO (CONTROL) $\bar{X}$	t ($\bar{X}$)
Score pre-test	38,8	38,5	-
Score post-test	29,9	38,1	1,5*

* Significant at p = 0,20 level (df = 11)

As can be seen from Table 2, there was no appreciable difference between the self-concepts of the two groups of women prior to the course in assertiveness training. After the course, however, the experimental group showed a mean gain of 8,9 points on the self-concept rating (on Hudson's ISC, a **decrease in score indicates an improved view of self**), while the control group's mean score had remained almost the same. Statistical comparison of the difference between the post-test means of the two groups found, however, that this difference only reached significance at the low level of p = 0,20.

According to Hudson, however, a difference of twice the standard error of measurement (8 or more points) can be regarded as **clinically significant** - so that the group who had taken the course could be regarded as having made significant gains in self-confidence and self-esteem, which were likely to reflect ongoing behavioural change.

Other factors which may have affected the amount of difference in self-concept between the experimental and control groups could be the small size of the group (N = 10), as well as the long period of time (six months) between pre- and post-measures. Many more events in the lives of the group members may have influenced their self-concepts over this period of time.

Therefore, a further analysis was made of group one's scores, where each member was compared with herself before and after the course in assertiveness. In this related sample analysis, the following result was found:

TABLE 3: RELATED-SAMPLE ANALYSIS OF GROUP ONE'S PRE- AND POST-COURSE SCORES

	PRE-TEST $\bar{X}$	POST-TEST $\bar{X}$	t (DIFFERENCE)
ISC	38,8	29,9	2,58*

* Significant at p = 0,05 level (df = 11)

Table 3 indicates that when each member's pre- and post-test scores were compared, the experimental group had experienced a **statistically significant improvement** in self-confidence and self-esteem, most likely as a result of attending the course. The difference also meets the criterion for **clinical significance**.

The subjective evaluations of the women reinforced this finding. It was generally agreed that assertiveness skills cut across all areas of a woman's life: her interpersonal style in the marital relationship, in relationships with family, in-laws, children, in her role as consumer, etc. However, most changes reported seemed to have taken place in relationships with family members. The women almost unanimously reported that in the past they had been shy and unwilling to express themselves in front of their in-laws, especially the elders in the family. Currently they felt much more confident about doing this and standing up for their opinions.

The course leader's impression was that interactions with authority figures or professionals had changed little. The passivity of the women was striking at first. The group situation as well as the "psychological" nature of the course material was foreign to the group, and it took several sessions before the members opened up. Members' submissiveness to authority figures was obvious in the difficulty the women had in expressing disagreement with the course leader until the final few sessions.

However, it was clear that a practically orientated course providing training in life skills was greatly appreciated by the women of the community group. Many members related that they wished they had encountered these ideas about assertiveness earlier in their lives. While disapproval from two husbands was encountered, a lot of encouragement from spouses and relatives towards attempts to change unassertive behaviour was reported by the women.

Approval of the gains in self-assurance by the women was also expressed by family members at a follow-up meeting to which spouses and children had been invited. Improved family communication was a recurrent theme. The families reported that as mother began to speak for herself, family communication became freer, young people found it easier to discuss problems with her, even the question of girl- and boyfriends, which had previously been a forbidden topic. Increased participation in community activities was another change in behaviour that families had noticed. The isolation of the women prior to joining the group was commented upon, as well as the fact that they were now taking part in activities away from home and making their own friends. Four of the group members became involved as indigenous workers at the Community Centre, assisting in the pre-school and after-school care services offered. The participants as well as their families recommended that assertiveness skills programmes should be offered on a much larger scale in that community. They requested courses for young people, as well as meetings for families on a quarterly basis.

The changes in the levels of assertive behaviour found in the participants of this course are in line with the literature on assertiveness training discussed in Section 2.2.3, where it was shown that such behaviour changes received positive reinforcement from others and resulted in improved interpersonal relationships and increased self-esteem.

4.1.2 *Parenting skills for parents of preschoolers: Group(s) Three and Four*

The parenting skills course was conducted in the latter half of 1990, with the parents of the Community Centre's preschoolers.

The Index of Parent-Child Conflict was administered according to a pre- and post-test design.

TABLE 4: IPCC SCORES FOR PARENTING SKILLS FOR PARENTS OF PRE-SCHOOLERS

	GROUP THREE (EXPERIMENTAL) $\bar{X}$	GROUP FOUR (CONTROL) $\bar{X}$	t ($\bar{X}$)
Score pre-test	10,4	10,8	-
Score post-test	3,9	10,5	3,79*

* Significant at p = 0,01 level (df = 18)

The level of parent-child conflict was very similar in the experimental and control groups prior to the course in parenting skills. However, as can be seen from Table 4, a **significant reduction in parent-child conflict** was found in the experimental group who attended the course, when compared with a group of controls. The positive impact of the course was in line with other evaluative research on parent education groups , e.g. the 32 studies revealing positive results discussed by Raath (1988).

In order to establish which areas had shown positive gains in the experimental group, a related-sample analysis of the subthemes on the IPCC was completed (see Table 5).

TABLE 5: RELATED-SAMPLE ANALYSIS OF GROUP THREE'S SCORES ON SUBTHEMES OF THE IPCC

	t (DIFFERENCE)	LEVEL OF CONFIDENCE
Understanding the needs of the child	2,691	0,95
Child management	1,122	-
Interpersonal conflict between spouses	0,341	-
TOTAL IPCC SCORE	1,935	0,90

As shown in Table 5, in the experimental group the degree of understanding of children's needs was found to have improved significantly ($p \leq 0,05$) as a result of the parenting skills groups. Nine out of 10 couples showed improved scores on the theme of child management, even though this did not reach statistical significance.

Of interest is the fact that there was very little change in the level of inter-spousal conflict, although it had increased for two couples. This lack of change could be attributed to the course content, which necessitated a great deal of emphasis on sex roles, sharing of parenting tasks, the rights of women and democracy in Indian families. This aspect of the course introduced ideas which were often in conflict with the existing patterns of relationships. It challenged existing beliefs, values and traditions pertaining to patriarchal Indian culture, which espouses a dominating, authoritarian male figure as head of the household and autocratic parenting styles that foster dependence in the children. Parents were now being encouraged to "let go" and to socialize their children to be independent and self-sufficient. Mothers on the course began to challenge the view that a woman should be submissive and take a secondary, inferior position in the family hierarchical structure. Since there is evidence that marital discord impedes the acquisition and maintenance of parenting skills (Cole & Morrow 1976), the issue of marital communication cannot be ignored.

Just as a significant difference was found on the IPCC between the parents who had undergone the course and the control group, so the related-sample analysis showed a significant improvement in the overall level of parent-child conflict for Group Three at the end of the course.

TABLE 6: ASPECTS OF COURSE MOST HIGHLY RATED BY PARENTS

ASPECTS	PERCENTAGE
Skills like listening, tolerance, etc.	35
Growth in self-confidence as a parent	35
Information and knowledge about children	30

Table 6 lists the aspects of the course which the parents rated most highly on the PET evaluation sheet which they completed in the last session. Thirty five per cent were most appreciative of the skills acquisition (listening, tolerance etc). Thirty five per cent found the personal growth in self-confidence as a parent, through the sharing and communication in the group, to have been the most worthwhile aspect, while the remaining 30% appreciated most the knowledge and information gained. The majority of parents had not previously been part of a group, and 80% recommended less course material and more discussion.

TABLE 7: SKILLS BEING USED MOST EFFECTIVELY BY PARENTS

SKILLS	PERCENTAGE
Listening and communication	30
Problem solving	30
Democratic parenting	20
Logical consequences in disciplining	20

As can be seen from Table 7, four types of skills were commonly mentioned by parents. Although many felt they were effectively using more than one of these skills, 30% of the parents believed they were most effectively using listening and communication skills, 30% felt their problem solving was most effective, while 20% thought so with respect to democratic parenting and 20% with respect to logical consequences in discipline. A large majority of parents reported that the skill they found most difficult to apply was reflective listening (60%).

In a similar vein to the assertiveness group, the parents recommended that parenting courses should be a priority in their community, especially for young parents without children. They also recognized that they needed to learn better communication as couples, and there was a strong call for marital communication courses.

The significant changes which were found indicate that the parenting course based on the concepts of PET and STEP yielded valuable gains in parenting skills.

There appears to be a need, however, to integrate a marital communication component into such courses in the future, thereby addressing both the parental and marital subsystems of the family system. This would coincide with the ecological view of parent-child conflict, which maintains that child-rearing patterns are a function of the interacting primary systems around the child, one of which is the marital subsystem (Winnans & Cooker 1984).

4.2 Phase Two: Trainers' groups

4.2.1 *Assertiveness training group for trainers: Group Five*

The assertiveness training course for trainers was conducted from April to June 1991, for 10 sessions. A significant improvement in self-concept was found when the ISC was administered before and after the course (t. diff. = 2,69, p = 0,05). Three members - two "lay" members and a qualified social worker - showed quite dramatic gains in their levels of self-confidence. The course appeared to act as a catalyst which released enormous latent potential.

The group members reported through verbal and written feedback that they had experienced personal growth particularly in the areas of direct and honest communication and of setting limits on how they expected to be treated by others. Improved interaction had been experienced with spouses, children, work colleagues and even bosses and figures in authority like medical doctors. Only one member reported a negative impact on her family life, where the family had been confused by the fact that she was no longer putting her needs aside in order to keep the peace. A common theme that was reported was that the trainers had become consciously aware of their behaviour options and their rights in interpersonal relationships. This is in line with the common pattern of learning a new skill, which follows the four stages of:

- unconscious incompetence (being totally unaware of one's poor skill level);
- conscious incompetence (becoming aware of a number of different possibilities, but not yet competent in effecting them);
- conscious competence (looking for opportunities and consciously evaluating attempts to apply new skills);
- unconscious competence (where the skills have become so well learned that they are applied without conscious thought) (Burley-Allen 1983).

Regarding course content, one of the difficulties was finding the right balance between personal development and the educational aspects of conducting courses; also including all relevant material without "skimming" important topics. The group agreed that no aspect of a woman's life could be omitted: that assertiveness skills applied to personal relationships, parenting and to the workplace. Yet a

number of members felt that 10 weeks was too short a time to gain adequate experience in skills rehearsal, especially since the topics, like "dealing with manipulation by others" or "negotiation", could apply in different forms in different settings.

Although there had been a significant increase in general self-confidence, only two of the trainees described themselves as feeling confident **as trainers**. Most felt they had to do much more reading, and gain a lot more experience in conducting groups before they would feel confident. In support of a longer, more inclusive course was the feedback that two sessions only on conducting groups were insufficient. While members felt well prepared regarding structure and selection of content or ensuring variety, most were not too confident of their group leadership skills, e.g. dealing with the aggressive person, power struggles in the group, or therapeutic techniques like the empty chair. This could be ascribed to the fact that the training group had tried to accomplish too much, namely to provide both assertiveness skills **and** training in conducting groups, with the result that the goals of the group had become confused. It was anticipated that the inclusion of professional social workers in the group would necessitate less emphasis on the personal development aspects. However, some of the social workers reported that neither assertiveness skills, nor training in conducting groups, had formed part of their professional training (members' experience in the field ranged from four to over ten years).

This finding is in contrast to the PET approach whereby professional "helpers" are admitted to courses for trainers without going through the basic training course. It indicates that, in the field of assertive lifeskills training, the skills component and the conducting of groups component should be addressed separately. It was unrealistic to expect trainees who needed time to consolidate their own skills to be highly motivated to teach others. Nevertheless, as will be discussed below, the course members have since conducted a number of training courses and have been using their skills in a number of ways in the community.

Techniques of training that were appreciated by the group included the provision of reading lists, photocopied background reading material and notes, the opportunity to practise conducting discussions within the "safe" group environment, and the experience of receiving peer feedback.

Five members gained experience in introducing homework reading, and in conducting discussions. The last 15 minutes of a session were spent on giving the trainee feedback from the group and course leader on her style, teaching skills and group management skills. The five members who volunteered felt this to have been a most valuable learning experience, where they felt supported and gained honest feedback. As pointed out in the literature review above, in assertiveness training each group member becomes a trainer of the others.

4.2.2 *Parenting skills group for trainers: Group Six*

The parenting skills trainers course was conducted from April to June 1992, for a period of 12 weeks. While a number of changes in viewpoint and skills were subjectively reported, changes in attitudes for the group as a whole were found at a low level of significance only.

TABLE 8: HEREFORD ATTITUDE SCALE: SCORES FOR PARENTING SKILLS TRAINERS

HEREFORD SUBSCALES	$\bar{X}$ (DIFFERENCE)	t (DIFFERENCE)	p LEVEL
Confidence as a parent	4,37	0,853	-
Views on causation of child behaviour	3,37	0,771	-
Understanding one's children	4,50	0,764	0,20
Acceptance of child behaviour	2,50	0,869	-
Trust	2,00	0,764	-
TOTAL	16,75	1,362	0,20

Table 8 outlines the differences in scores on the five subscales of the Hereford Attitude Scale, as well on the total score. The differences in means indicated that changes had taken place, which were all in a positive direction. However, they were not all large enough to reach statistical significance. Only the subscale "understanding one's children" and the total score reached a (low) level of significance. The lack of significant change on the other four subscales is nevertheless regarded by the researchers as a positive factor. It suggests that the people selected for the course were already those with a more democratic approach to parenting and a willingness to acknowledge the child's right to be understood and treated as a rational being, lacking only in experience and understanding. As several course members reported, their entering the course was less aimed at learning effective parenting - although they were interested in honing their skills - than at learning how to transmit the skills of parenting to others.

Furthermore, on the evaluation questionnaire, the course participants were asked to evaluate the impact of the course on their own family relationships. The responses were very positive ranging from greater emotional closeness and relating better to their children, having improved listening skills, feeling relieved of the sense of being constantly responsible for their children's every problem, to increased awareness of how a change in their attitudes as parents had resulted in positive change in their children, greater insight and sensitivity. One member

reported that the course had widened the gap between her husband's parenting style and her own, echoing a theme found in the parenting course for the community group, Group Three, namely, that parenting courses accentuate marital communication problems. Within any system the interdependence of subsystems means that an imbalance in one has a ripple effect on the others (Katz & Kahn 1978).

Verbal and written evaluation yielded the finding that **all participants** rated themselves as feeling equipped to start their own groups. Many felt that they would begin by incorporating parenting skills into the existing groups they were working with, e.g. women's groups and parent groups at church. Groups might be run over weekends to involve fathers, or the menfolk might be personally approached to encourage them to participate. Opinions in the group were divided over what constituted suitable advertising for a parenting group. Initiating new groups, especially with young people, was seen as a good starting point by some.

Aspects of the course that were specifically well received included the democratic atmosphere and interpersonal and intercultural exchange, and sharing parenting problems. Keeping the discussions practically orientated, particularly concerning issues like discipline and communication, and the provision of references and notes, were appreciated. This is in line with Thomas Gordon's emphasis on giving course participants concrete guidelines to follow, and on operationalizing vague concepts like "listen to your children more".

In terms of training technique, the opportunities for general discussion were welcome, while the workshop format proved very popular. This took the approach of an introduction (literature review/introducing new or controversial ideas), small group discussion, and pooling of feedback from the groups. Ten out of eleven members enjoyed the involvement of course members in taking turns to present impressions of the homework reading and to lead the discussion. Giving exercises in public speaking and in how to present information was suggested, as well as giving more opportunity to explore personal concerns about effectiveness as group leaders.

The trainees overwhelmingly supported a team approach for conducting the course, as opposed to one leader/facilitator. They found that variety in the presentation of material prevents boredom: each team member presented a different perspective according to her particular background, and modelled a different style.

Some interesting improvements were suggested. Some members felt that more attention should be given to political issues - the effects of apartheid and violence on the family. Others felt that only one session on teenagers was insufficient and that future training courses should either concentrate entirely on the younger child, or, preferably, on the adolescent in order to deal more thoroughly with adolescent issues. Another suggestion concerned the composition of the group -

that it could have included either adolescents or children to give feedback on the ideas/skills discussed.

One member suggested that before we ran the next training course we should develop a packaged programme, with a manual, videotapes, and exercises in communication and discipline, suitable for professionals and non-professionals in urban and rural areas. One reason for the initial popularity in this country of the STEP programme amongst school social workers, school psychological services and welfare agencies, was that it laid out the topics for discussion, and provided background reading and simple points for discussion. The decline in its popularity in the 1980s can be attributed to the fact that its democratic philosophy does not suit all sections of our population and that some of its topics are not relevant to large sections of our population who have different and more pressing needs arising from poverty and unemployment. Moreover the STEP programme's American language style is felt by many people to be too "foreign".

The training course of this research project stressed that course topics should be selected on the basis of the major concerns of the parents in the community where the course was to be conducted. Secondly, the way universal topics like discipline and communication are dealt with must take into account the traditions and culture of the target group, rather than assume that one viewpoint was the "correct" and "only" parenting approach. Most members felt they had sufficient information in their files (notes, etc.) to design courses for parents in their communities. Others felt that they would rather have been given a clear manual, setting out times, venues, topics, notes, exercises, in a "how-to" fashion.

4.3 Spreading skills into the community

4.3.1 *Assertiveness skills*

At the report-back meetings, each trainer was asked to report on what type of courses/training she had conducted, how she had incorporated the concepts into other aspects of her work, and what her experiences and problems had been.

(a) Courses conducted

Following up on the members of the assertiveness training group, it was found that four groups had been conducted specifically for assertiveness training. Two took place at local agencies, one involving a social work agency's clerical workers and the second involving trainee health care workers. The third group was designed for people having difficulty in the workplace and was the only group to contain both men and women. The fourth was for a group of community housewives in the trainee's home area. The four trainees involved in these groups

were the most self-confident, extroverted personalities in the group, also the most willing to take risks and implement what they had learned.

One trainee conducted a weekend workshop for a black women's church organization early in 1993. Another men-only group was planned at an agency protective workshop later in 1993, and would include issues facing the men, *inter alia* the changing role of women and its impact on the menfolk. Group work with psychiatric clients at a newly established training centre began in 1993. The workers noted that both inpatient and outpatient clients tended to be very timid since their rights were frequently violated in the family and at the workplace.

It is estimated that the ideas involved in assertiveness have spread to at least 100 people. What was not included in the design of this research was a system of measuring how effectively the skills were being transmitted. Trainees could have been supplied with simple evaluation techniques, like questionnaires, and asked to administer these according to a pre- and post-test design at the groups. The researchers would then have been in a position to report on not only the extent of the spread of skills, but also how successfully they had been taught by the trainees.

(b) Concepts incorporated into existing social work groups

Where work constraints made it difficult to establish groups specifically for assertiveness training, trainees (four of them) incorporated these skills into their existing casework and group work activities at a State agency in Chatsworth and a mental health society in Durban. There these skills were applied in individual and marital counselling, in group work in rehabilitative workshops for alcohol and drug dependent clients, in group work with the mildly mentally retarded, and in a protective workshop for the mentally ill. A trainee employed at a women's bureau found the concepts helpful in the counselling of women with personal and job-related problems.

Notable increases in productivity were found in the drug dependent rehabilitative groups and improved personal-effectiveness was observed in the group of mentally retarded.

Although of a less intense nature than a group specially formed for assertiveness training, this exposure to the practical skills of self-assertion was reported to have brought about improved interpersonal relationships. A further approximately 100 clients have been exposed to the concepts and skills of assertiveness in this way.

(c) Experiences of trainees

(i) **Personal growth as trainers:** Nearly all the trainees reported a growth in self-confidence as trainers once they had begun applying the concepts and skills training on their own. They reported the need to be very well prepared for a

group session in order to counteract their own anxiety, and to read as widely as possible to be able to answer questions.

The researchers noticed, however, that some trainees found it easier to implement their skills with their clients in casework than to persuade their agencies to adopt group work as an economical use of time, or life skills training as a preventive measure. They may therefore not yet be personally assertive enough to challenge the agency's traditional way of operating.

(ii) **Development of personal style:** Much discussion in the feedback meetings concerned the issue of leadership style. Members were developing their individual styles, ranging from those who projected an image of strong leadership and competence to those who preferred to be seen as part of the group, yet facilitating the group process. One trainee discovered that allowing group members to take turns at leading the group, had the effect of increasing the commitment of those members. Another was struggling with the fact that the group expected her to take responsibility for planning and discussion; she did not want to be cast in this role. New formats were being tried, e.g. intensive workshops as opposed to weekly meetings; working in teams rather than alone, etc.

(iii) **Difficulties encountered:** These often centred around the fact that groups might be heterogeneous in terms of educational background, language skills, economic levels or degree of cultural emancipation, or that the group leader had come from a different cultural and language background. Not all found it easy to encourage group participation, and some found themselves talking too much in the groups. The better known the trainee was to the group, the more difficulty she encountered in keeping discussions on track; re-contracting was often necessary.

Trainees expressed frustration over a few clients who had not received the philosophy and ideas of assertiveness training with the same enthusiasm the trainees themselves felt. For example, they found it hard to accept that women would not claim respect where it was due to them, simply because they did not want to provoke conflict.

(iv) **Impact of ideas:** Trainees were finding, however, that most women clients were very receptive to the ideas of assertiveness and personal effectiveness in relationships. The practical life skills offered alternatives to traditional or ineffective behaviour patterns; and a willingness to learn new skills, e.g. dealing with criticism, had been encountered. This appears to be because self-assertion focuses on all areas of people's lives - marital, parenting, job relationships, the extended family and consumerism - and contributes to increased self-confidence and self-esteem. The psychologist on the research

team was told by women training to be health care workers that the course had been most beneficial in helping them to deal with arrogant and condescending members of the medical profession.

Some diffidence was also encountered because of anticipated responses from spouses/family. Fear of being battered or abused seems to be quite prevalent, and one trainee suggested that assertiveness courses should be aimed at girls at school so that from the beginning they could conduct their long-term relationships according to these concepts.

Trainees found that women from traditionally more submissive and passive relationships needed a great deal more encouragement and positive feedback in attempting to change long-established marital patterns. Some problems were however encountered where women tried to change established patterns too quickly and spouses objected. These women then wanted to discard the whole idea of self-determination, and required a great deal of supportive understanding.

4.3.2 *Parenting skills*

(a) Courses conducted

One course at a church had been organized specifically for parenting skills. The majority of trainees, however, were not setting up new groups, but were incorporating the ideas into their existing groups.

(b) Concepts incorporated into existing groups

Almost all these trainees were already active in the areas of community education, social work, religious counselling or family planning and at least seven members reported that they had been able to spend several sessions/meetings sharing the knowledge they had gained, reaching more than 100 people. This was done through lectures, talks or discussion groups. For example the two family planning nurses incorporated a number of sessions on child management into their regular community education programme, entitled "Women for Health", conducted at the local church close to the UDW Community Centre.

Because of the many social problems like teenage suicides, runaway children, increasing adolescent drug addiction/alcohol abuse suggesting ineffective parenting or problem areas parents are facing, trainees have found the training course they underwent to have been of immediate relevance to their daily work. They reported that what they had learned was not only relevant to their personal parenting skills, or to their counselling with parents experiencing problems, but also to guiding students they were training and to advising others who cared for children such as after-school care teachers. A number of the social workers from

both training groups, who had qualified some years ago, reported that their original training had neither equipped them to conduct groups, nor had it dealt in any detail with teaching practical life skills like parenting. They reported feeling more empowered and confident in their casework, as well as group work.

Having been actively involved in counselling parents, several members realized that there were other areas that the training course could have covered, e.g. lists of the names of resources to which children with particular types of problems could be referred, e.g. more information on specific problems of childhood like mental retardation, child abuse and "problem" children. Once again the researchers had not equipped the trainees with techniques to assess how effectively they had transmitted the ideas or skills of parenting.

(c) Experiences of trainees

(i) Group leadership: The trainees reported similar concerns to those reported above regarding group structure and making the topics relevant to heterogenous groups. As a group, however, the parenting skills trainees tended to be more confident of their group leadership skills than the assertiveness trainees. This was probably due to the fact that many of them were already in positions of status in the community. This level of experience seemed to have predisposed a number of this group towards more directive leadership styles, and consequently some anxiety over whether they would always be able to answer questions or generally fulfil the "expert" role.

(ii) Difficulties encountered: The issue of marital communication was raised again, as the trainees had experienced some difficulty in handling situations where the parents disagreed on child management or were competing with each other for the child's affections. Clearly the elements of good marital communication need to be the starting point of a parenting course. Regarding the involvement of fathers, making personal approaches had been sufficient to get some father attendance, but the basic attitude that child-rearing was the wife's job was found to be very prevalent.

Regarding the spreading of life skills in the community via the trainees in this research programme, a process has been started that to date has reached approximately 300 people and should continue to spread the ideas and skills even further in the future. Although the extent to which these ideas and skills were absorbed was not measured, exposure to different ways of coping with everyday problems of living is a valuable experience in itself and may generate further processes of personal growth.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Conclusions regarding the achievements of this research in terms of impact and process variables will be discussed according to the various goals of the project, namely to:

1) investigate the effectiveness of groups in increasing life skills
2) train paraprofessionals
3) spread the skills into the community.

5.1.1 *Investigating the effectiveness of groups in increasing life skills*

This study demonstrated that life skills could be significantly improved through the medium of group work. The community group for assertiveness training showed significantly improved levels of self-esteem and the parenting skills group showed significantly lower levels of interpersonal parent-child conflict when compared with their respective control groups. Both these groups expressed their appreciation for the practical skills gained for improving the quality of their daily living.

In line with ecosystemic principles, the changes and development occurring in the participants of the research groups was found to impact on their spouses and family subsystems, e.g. the families of the women on the assertiveness course reported that, as the mother of the family had begun to express her opinions and stand up for her rights family communication had also begun to improve. They appreciated their mothers being more involved in community affairs, and less isolated and dependent on their families. Both the assertiveness and parenting groups run for community members recommended that such groups should become a regular feature of the community centre's annual programme. Most of the parents identified with the expression "parents are blamed but not trained" (Gordon 1970) and felt that they would like to have follow-up meetings once a quarter.

An additional ecosystemic effect of the community groups for assertiveness training and parenting skills was that it led to greater demands for therapeutic services at the Community Centre. Several members approached the course leaders privately to discuss deep personal and marital problems.

In addition to improving the subjects' level of life skill competency, this research project utilized acceptable levels of research methodology. Usually mental health workers face an ethical dilemma when being selective in offering services (Mason & Candotti 1990; Wilcocks 1988); but in contrast to many projects in community work where people want help with their problems and are

therefore unwilling to be part of a "no treatment" control group, this project was able to maintain its control groups. The willing participation of the control groups probably came about because of the good relationships between the professional staff of the community centre and the community. People had been personally approached and the goals of the research explained to them. They had also been made aware that professional services would be available to them once the research training group/course was completed.

5.1.2 *Training of paraprofessionals*

This research project provided training for 23 people, both paraprofessionals and social workers, in the fields of assertiveness and parenting skills education and training. The two training courses were both highly rated by the participants. The trainees on the assertiveness course showed a significant gain in their Index of Self-Concept before and after the course, but most felt the need for more experience and background reading before they would feel confident as course leaders. The trainees in parenting skills showed a slight - yet statistically significant - shift towards more democratic attitudes as a result of the training course, but all expressed themselves as feeling confident about running courses for parents in the community. As a consequence of this research, there now exists a network of trainees incorporating the teaching of practical life skills into their helping jobs or voluntary work.

It was demonstrated in this study that training people to run groups in assertiveness skills enhancement should be separated into two components: a skills training component and a conducting-of-courses component. Trying to combine both appears to have been over-ambitious, since the assertiveness trainees reported that they had not yet achieved a sufficient level of competence to feel confident about running training courses for others. The training course would have been regarded as more successful if the trainees felt confident of their skills, as were the parenting skills trainees. Although parent effectiveness training (PET) admits to their instructor course some professionals who have not followed a skills training course, our experience showed that a certain degree of proficiency in assertiveness skills could not be assumed to be present simply because the trainees were trained professionals.

Parenting skills, on the other hand, are a part of almost everyone's life experience and our group of parenting skills trainees all felt competent to run courses. The role of the parent receives exposure in the media and on television, and there are numerous books available on the market advising parents on child rearing. The type of combined skills training/group leadership training used in this research appeared to work more effectively in the realm of parenting skills education than in that of assertiveness skills.

Should mental health professionals, therefore, concentrate on training parent educators, because there are more paraprofessionals interested, competent and willing to be trained? This decision would clearly depend on the mental health priorities of each community. It is the conclusion of this study, however, that it would be a pity to ignore such an important area of personal effectiveness as assertiveness skills. Although less well known to the general public, and emphasized more in the training of psychotherapists than other mental health workers, it is clear that assertiveness can be taught to, and can bring about noticeable behavioural changes in, many different types of people. These could include housewives of low education, professionals, mental health workers, people with alcohol and drug dependency problems, health care workers, the mentally retarded, and people experiencing difficulty with superiors or subordinates in the workplace. Furthermore, if women want to bring about the demise of sexual discrimination in this country, many more are going to require the skills of being clear about their rights and of being confidently articulate in their defence of these rights. Assertiveness training has a valuable role to play in the mental health of the community.

An area of life skills where the need for further training was identified in the course of this research was that of managing marital relationships. In line with other research which had found that the effectiveness of parent education groups was hampered by the presence of marital problems, the course offered to the group of parents from the community identified the same issue. Relationship issues are also a major component of assertiveness training where problems in the marriage have come to the fore (as well as the male partner's adjustment to the woman's increased assertiveness).

5.1.3 *Spreading the skills into the community*

Due to the process set into motion by this research, the researchers and trainers are estimated to have reached at least 300 people through the establishment of new groups or by incorporating life skills training into their existing work programmes. Both people in need of therapeutic services, and those coping well with their lives but wanting to enhance their personal effectiveness, benefited from the medium of group skills training. Women are very receptive to the concept of self-assertion because it increases self-esteem and offers alternatives to traditional or unrewarding interpersonal styles. In addition to gaining life skills, there was the beneficial experience of being part of a supportive group and the therapeutic value of sharing problems and obtaining group feedback while learning new methods of relating interpersonally.

A shortcoming of the study was that the extent to which the new ideas and skills had been absorbed and implemented was not measured. The researchers

were not sure at the start of the research whether the trainees would follow the same format of weekly meetings of a group for skills training, a system where pre- and post-course measurements could be taken. It has transpired that many different styles and formats are being used, from once-off meetings to courses to two-day workshops. Different types of evaluation measures could have been included in the training course, from structured questionnaires to evaluation sheets such as those used by PET.

In the course of spreading the skills into the community, the new trainees encountered a number of problems in developing their personal skills as group leaders and facilitators of discussion. These problems could be attributed to the entrenched attitudes which formed part of sex role stereotypes in the community. For women from relationships where the patterns of submissiveness and passivity were well established, changes in levels of assertiveness were experienced by the trainees as being frustratingly slow. Since attitudes and behaviour are typically acquired over a considerable period of time, during which they are reinforced by the individual's environment, an educative/developmental programme of short duration can only have a limited impact (Wilcocks 1988). Access to ongoing groups in the areas of assertiveness development is needed to maintain the growth process which the original group may have begun.

As a result of working in the field, trainees have realized the need to be conversant with all the resources in their communities. Assertiveness training often brings to light the need for individual counselling, while parenting groups often identify problems in marital communication or the need for specialized training in dealing with children with special problems or handicaps. Future training courses could adopt the strategy of requiring trainees to survey and list the resources and support groups in their areas, in order to refer problems to the appropriate agency.

One of the more important findings of this study is that a far broader impact on the community was achieved through training group leaders than could have been attained if the two professionals who led the research training courses each had conducted group work on her own in the community. Training paraprofessionals can therefore be said to be **an efficient and effective use of professional time**. Due to the scarcity of helpers in the mental health field the professional mental health worker and her/his agency have an ethical responsibility to devote a portion of their time to the training of paraprofessionals. In view of the consistent call for more mental health workers in the Chatsworth community, the researchers believe that this research study was an effective response to the needs of the community to which they are accountable.

The training groups also achieved a greater purpose beyond that of teaching life skills competence. They brought together people of a number of different cultures and backgrounds and enhanced the understanding of the commonalities and universals of family life problems and the shortcomings in personal

effectiveness. They went some way towards promoting understanding of and tolerance for the differences of other cultures, as well as towards understanding the legacies of apartheid; and they demonstrated that common values and purposes can transcend racial and language differences. As such they reinforce the tenets of the community education model regarding the appropriateness of participatory democracy.

5.2 Recommendations

As a result of this study, the following recommendations are made with regard to the selection of trainees, the length and content of courses, conducting groups, team leadership, evaluation, follow-up workshops and the development of a training manual.

5.2.1 *Selection of trainees*

Trainees should have some level of tertiary education, either in the helping or allied professions. The range of issues and types of questions which arise in a field like parenting, for example, require both general knowledge and background reading, as pointed out by our trainees. This is in line with the policy of Parent Effectiveness Training (PET) for selecting group leader trainees. An extroverted, non-authoritarian personality is an advantage since this type of person is more willing to put his/her training into practice at an early stage than the quieter, more inhibited personality.

Our trainees found it enriching that their training group represented people from different cultural and language backgrounds. Such a group then serves the purpose of preparing trainees for the greater task of intercultural reconciliation, reconstruction and normalizing relationships between racial and language sub-systems.

5.2.2 *Length of courses*

The length of a training course depends on whether skills training is included with the training in course design and management. As discussed with regard to training paraprofessionals, trainees would be better equipped if the skills training and the conducting-of-groups training were separated, since our training groups tried to cover too much ground in their 10 or 12 sessions. We believe that each section should comprise approximately 10 sessions or five workshops. Thus, the trainees could complete a course in assertiveness skills or parenting skills during 10 sessions, and then follow a group leaders' course for a further 10 sessions.

5.2.3 *Course content*

Both skills training courses and group leaders' courses need to encompass two phases, where the first examines the metacontext in which the members of the course live, or the metacontext in which trainee group leaders will work; and the second phase encompasses the teaching of the specific skills of planning and conducting groups.

(a) Examination of the social forces at work in our society (the metacontext within which people live)

As pointed out by our trainees, the apartheid and migrant labour system have had a profound effect on parent-child relationships. Rapid social change, democracy and its challenge to parental authority, and the changing role of women are all issues that profoundly affect the self-empowerment aimed at in life skills training. With the recognition of social forces, affirmation of an individual's internal locus of control and a sense that s/he can make decisions to influence and control his/her life, can take place. This makes it possible to achieve an integration of inner development and adjustment to one's social system. An examination of attitudes towards life forged by the metacontext and the social conditions in which people live, is an essential precursor to looking at ways of changing attitudes on the personal level. As far as parenting is concerned, parenting skills groups could focus on the special problems parents face in coping with the freedom young people are demanding as part of the spirit of democratization in the country. Many parents are faced with helping their offspring find jobs, where the young people have set aside personal education in favour of political struggle. The Western structured parenting programmes such as STEP and PET need to be supplemented with an examination of the unique conditions that shape the South African metacontext. Personal effectiveness courses, like assertiveness training, need to examine the traditional roles of women; as well as the impact on marital relationships of women reaching high levels of education and achieving economic power.

(b) Specific skills training

In communities whose basic needs are largely met, people tend to believe they can have a positive influence on their future (internal locus of control). To them, parenting issues and doing the best for their offspring has come to be **felt as a need.** But what of the disadvantaged communities where most social workers and community workers concentrate their efforts? There, acquiring personal effectiveness skills, for example, is not necessarily very high on the agenda of people's concerns. While women in these communities can be reached via groups

(relating to children and self-help), men are not attracted to such groups. The ensuing discussion will incorporate recommendations for attracting people at the level of their most pressing needs.

(c) Specific skills training

Specific skills training such as the practical application of life skills - e.g. communication skills like reflective listening, strategies for expressing disapproval of another's actions, or child discipline - could be offered. The parents of our community group rated highly aspects like information and knowledge about children, and skills like listening, discipline and tolerance. The experimental assertiveness groups both emphasized improved communication skills - expressing their needs, opinions and objections to other people's behaviour more confidently and forcefully.

A training approach that addresses attitudinal and behavioural change simultaneously could be more effective than either approach on its own. Our trainees in conducting parenting groups reported that changing their attitudes and expectations had led to improved behaviour in their children. The trainees for assertiveness training reported that becoming aware of their rights in interpersonal situations had increased their motivation for learning new behaviours.

(d) Training course design

The second phase of a group for trainers could then become more task orientated, whereby specific themes of course design and presentation are demonstrated or discussed and practical examples explored. This could begin with examining the needs of the target community, and the ways in which course design might differ for people of different educational levels who face different types of community pressures.

(i) *Attracting people to groups*

In terms of attracting people to the group, it could be borne in mind that the content should be relevant to the problems people are living with, and that not all Western middle-class ideas are applicable. In a very disadvantaged community, assertiveness and parenting skills training could be linked to the problems weighing people down - the pressure of being unable to provide for their families, the fear of violence stalking the community, and their inability to protect themselves and their children. The life skills being focused on might therefore revolve around "How can we protect ourselves and our families?" or "How can we support each other?" or "Is there something we can do together to find food/earn money?" Building on such felt needs, other relationship or

parenting issues could evolve, e.g. how poverty causes strain in the home, ways of handling the resulting conflict and anger etc.

(ii) *Purpose of the group*

The purposes of the groups that trainees might run would need to be explored. For example if the intended parenting group was to be a support group, the co-ordinator would plan to spend less time on the presentation of new or different ideas and more on discussion and sharing of personal difficulties. An educational group might devote more time to practising new skills. Our community parents' group reported that they would have liked more time to discuss and practice skills like reflective listening and applying logical consequences in discipline.

5.2.4 *Conducting groups*

Each trainee needs to consider how s/he and the people in his/her target community will **learn best**. Most people remember more and learn better through active participation than through passive listening. Our trainees enjoyed being involved from very early on through presenting summaries of homework reading, or through being asked to prepare their opinions on a topic and leading the discussions that ensued. Thus we would advocate these techniques for use in new groups that are being formed. Common techniques of group work such as role playing or assigning different tasks like summarizing or time-keeping to different members, can be taught in the training of group leaders in order to demonstrate how members of a group can be involved in the running of that group.

The workshop format was found to generate a number of new ideas in our training course for group leaders. Workshopping ideas such as how to structure a course for rural, semi-urban or urban people or for people with different levels of education - incorporating both verbal and non-verbal techniques with a variety of presentation and leadership styles - could be employed to get trainees thinking about the specific needs and qualities of each community. Where the course leaders lack experience, a colleague could be invited to join the group for such a session.

(a) Use of art, drama and music

Bearing in mind the difficulties new trainees encounter with entrenched attitudes such as those towards sex roles, training courses need to consider creative ways of conducting groups to attract the widest possible community participation. Some of our trainees had difficulty with groups where the members were not very articulate people or did not learn easily through discussion in a group format.

Therefore the training group should also explore more intuitive methods of operating, such as:

- demonstration, role playing and drama sketches using group members as actors, e.g. for first showing "unsuccessful" ways of interacting and then "successful" ways;
- the use of music, singing, and composing songs;
- poetry and story telling;
- mime;
- drawings and posters for illiterate people;
- family sculpting.

Thus groups for trainers could incorporate exploring the use of drama, music and art thus investigating linking the life skills training with other institutions that people value.

(b) Venues

We return to the idea advocated by the community education model of using the local school as the entry point to the community. The local parent-teachers association could be consulted and involved in the planning of life skills training. Religious meeting places where women's, men's or mixed groups may already exist, are another venue. Schools as well as churches have been successfully utilized for life skills training by our trainees. However, local community institutions such as community centres, health clinics, unemployment centres, literacy training centres and advice offices, could all be utilized. Employers could be consulted in order to utilize the workplace, personnel departments or union offices as venues for discussion/training groups.

(c) Role of group co-ordinator

During the second phase of the training course, the many roles and functions of a group co-ordinator need to be examined, with specific teaching skills being provided, e.g. presenting information concisely, summarizing, using examples to illustrate a point, and practising to ask open-ended questions and to stimulate discussion. Trainees could be asked to prepare a number of open-ended questions on each topic under discussion, as a way of counteracting the tendency of inexperienced group leaders to talk/lecture too much. Compiling a general list of referral resources in the trainee's area could be another task. A further learning area is that of group dynamics. The literature on conducting groups abounds with creative ideas for teaching the analysis of group dynamics which the training group could explore. Assigning a specific role to each group member, e.g. the silent

one or the interrupter, to be guessed by the rest of the group after a certain period of group interaction, is a useful method.

5.2.5 *Team leadership*

A multi-disciplinary team of two or more is recommended for training courses in life skills. All our trainees commended our combination of the psychological and social work perspectives, with other specialists being invited to join in at certain sessions. An ecological approach, calling for developing a balance between an inner-directed personal development and outer-directed recognition of environment, requires a wide-ranging degree of knowledge, and is best served by a leadership team with different specializations. The team provides a variety of perspectives and styles, and can be a powerful source of observational learning to the training group. People with special experience or skill can be invited to join a training session for one occasion, to complement the regular course leaders. Wherever possible a trainee with special skills in the session's topic could be incorporated into the team, e.g. community nurses on the topic of children's sex education.

The modelling provided by the training team forms a backdrop for the trainee, who will probably be conducting courses where professionals are in short supply. The training course could encourage trainees to consider how they could create their own teams. A male and female team may be more successful in drawing fathers and husbands/partners. The team may incorporate suitable people from the entry points into the community such as ministers of religion, teachers, community workers, etc. It may co-opt others for particular sessions, according to the principle of who will appeal to the community and attract the widest possible community involvement. Those co-opted might be local people with charisma who are respected in the community; people with status such as sports stars, entertainers, professional people or musicians who might be willing to tell their stories; or inspiring or entertaining speakers like TV personalities and writers.

5.2.6 *Evaluation*

Evaluation of trainees' skills could be done according to a structured questionnaire which the rest of the group members fill in after one of them has presented and led a group discussion. Such a questionnaire might have rating scales for group leadership skills such as clarity and originality in the presentation of information, keeping discussions on track, and organizing role plays efficiently.

In order to evaluate the success of the groups/workshops that trainees would be conducting in future, various types of rating scales/evaluation measures available in the literature could be discussed by the group, e.g. self-concept scales such as Hudson's ISC or several of the many parent attitude scales or parent-child

interaction measures such as the Hereford Parent Attitude Scale or Olson's Inventory of Parent-Child Conflict. The measure of effectiveness chosen should be suitable for the target group in terms of its complexity of language and the target group's familiarity with pencil/paper measures. Evaluation serves the purpose of knowing whether the goals of the group were achieved, for which the community would hold the group leader accountable.

5.2.7 *Follow-up training workshops*

After completing the initial training course, trainees expressed a need for ongoing training. Follow-up meetings could have a dual purpose: to act as a support group where group leaders share their problems and difficulties, and to act as a venue where further in-depth training in particular skills could be given.

5.2.8 *Development of a training manual*

It is recommended that the ideas above be formulated for a training manual which incorporates a variety of strategies for planning, conducting and evaluating different types of groups. Developing a training manual is time-consuming and requires staffing and financial support if it is to be competently undertaken; but it would certainly assist in the spreading of skills into the community. Particularly those facilitators who are competent but not very confident would more readily attempt conducting groups with the aid of such a tool.

5.3 Closing remarks

The training of paraprofessionals appears to hold great potential for enhancing community mental health. Mental health services should be considered as a community project, involving members of the community in their planning, support and usage. By training people to work within their own communities in the type of partnership that has been advocated above, professionals will be responding effectively to the needs of the community. The traditional concept that treatment services are the sole concern of a few specialists is no longer viable. Furthermore, professionals do not have a monopoly on knowledge or teaching skills.

Further research on the training of paraprofessionals could examine how effectively such people implement their training as well as how to match the trainee to the community most successfully. Community centres could become training bases, employing professional people as trainers or as consultants to trainees, thereby developing a potentially major source of manpower for the mental health field in this country.

APPENDIX A:
"TAKING CONTROL OF YOUR LIFE"

COURSE OUTLINE FOR ASSERTIVENESS TRAINING FOR GROUP ONE: COMMUNITY WOMEN

SESSIONS

1. Getting to know each other - icebreakers. Contracting. Programme outline. Index of Self Concept.
2. Concepts of assertiveness. Charts of assertive people do/don't ...
3. The difference between assertiveness, aggressiveness and passivity. Roleplaying.
4. Why do women need assertive skills? Our upbringing, culture, roles.
5. Men's expectations. Political change.
6. Saying No. How, when where.
7. Dealing with "put-downs".
8. Family issues: the family as a system. The in-laws, especially mother-in-law.
9. Finances and children.
10. Death and bereavement: how to cope.
11. Nutrition and family planning.
12. Self-knowledge: strengths and weaknesses. Setting goals.
13. Coping with criticism.
14. Planning difficult confrontations.
15. Evaluation of the course. Index of Self-Concept post-test.

APPENDIX B:
"IMPROVING YOUR PARENTING SKILLS"

COURSE OUTLINE FOR PARENTING SKILLS GROUP: GROUP THREE

SESSIONS

1. Parenting today: parental power and its use. The impact of western ideas on parent-child relationships. Democratic parenting.
2. Parents needs and children's needs.
3. Discipline: consistency, logical consequences.
4. Discipline: role playing and discussion.
5. Communication: how do you talk to your children? I-messages and you-messages. How do you listen? Active listening and empathy.
6. Communication: role playing and discussion.
7. Problem solving: especially the win/win approach.
8. Developing self-esteem and independence: encouragement versus overprotectiveness.
9. The demands of parenting on the marriage.
10. Evaluation of the course.

APPENDIX C:
TRAINING COURSE FOR GROUP LEADERS IN ASSERTIVENESS TRAINING: GROUP FIVE

SESSIONS

1. Concepts of assertiveness. Index of Self-Concept.
2. Why do women need assertiveness training?
3. Skills training in changing behaviour:
   - saying no
   - persistence
4. Skills training: dealing with compliments, criticism, rejection.
5. Skills training: dealing with conflict, negotiation.
6. Skills training: dealing with manipulation, countering manipulation.
7. Personal goals, DESC technique for planning difficult confrontations.
8. & 9. Running a group: programme planning, skills of a group leader, role playing.
10. What has been learned? Evaluation. Index of Self-concept.

APPENDIX D:
TRAINING COURSE FOR PARENT EDUCATORS: GROUP SIX

SESSIONS

1. Introduction to the course and course outline. Personal growth as group leaders. Parenting today: parental power and its use. Democratization and its effects on family life.
2. Children's needs: psychological, physical, emotional, social. Self-esteem and responsibility - how far can you treat children as rational beings?
3. Discipline: consistency, clear rules. What are the alternatives to hitting and hidings? The STEP system of logical consequences.
4. Communication: how do parents establish good lines of communication? Positive feedback and encouragement. PET views on praise.
5. Communication - talk to your children as you would to your friends. "I-rational" messages and "you-blaming" messages. Criticism and negative feedback.
6. Teenagers - special issues: loosening the rules and independence, sexual experimentation, drugs and alcohol.
7. Rapid social change: what do parents need to guide their children? Engendering a spirit of tolerance in the community.
8. Marketing parent education: workshop on how to reach the fathers in the community.
9. Conducting groups: initial contract, strategies of the group leader, group dynamics.
10. Group leader exercises.
11. Parents as partners in education: child stimulation, school problems, involving fathers.
12. Sex education. Evaluation of the course.

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